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The Canadian Nurse

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In Memoriam

MISS MARY AGNES SNIVELY

On a golden autumn day, Miss Snively was laid at rest beside the graves of her father and mother in the St. Catharines Cemetery. Earlier in the day hundreds of her friends attended her last reception in Calvin Presbyterian Church, Toronto. Although the frail body no longer lived and moved, the strong personality of this great and good woman was quite undimmed. If funerals are sad, then the last rites for the beloved dead could not be called a funeral, for peace not sadness prevailed in the hearts of those who came to honour her. A long life well lived has its own glory at the end.

Those who knew Miss Snively at all well would, I think, agree that she was a personage—the kind found but seldom in any generation. She had a rare combination of strong qualities. In her professional work, she was a rigid disciplinarian, both of herself and others, and although she mellowed in later life, she was always readily recognized as one born to command. She had an indomitable will. Not only was this seen in the early days of her pioneer work in the field of nursing, but even at the last, although she accepted the inevitable with Christian grace, she would not compromise with death on easy terms. She had a rapier-like mind, so that it was a joy to watch her analyse situations and problems. Her keen intelligence enabled her to go straight to the heart of things and grasp implications and shades of meaning with instant accuracy. It was her statesmanship that made her a shrewd administrator, but it was her sense of humour, her kindness and social graces that endeared her to her friends.

The story of how Miss Snively entered on a career of nursing may bear retelling. As a young school teacher in St. Catharines, she was a close friend of Isobel Hampton and Louise Darch, both of them teachers and both afterwards celebrated nurses in the United States. It was Miss Darch who first advised Miss Snively to train as a nurse, but her mother would not give her consent to anything so radical. After Miss Hampton entered the Bellevue Training School, New York, she began trying to induce Miss Snively to come too. It was not until after Miss Hampton had spent part of her first holidays with Miss Snively that her mother finally gave her consent.

In October, 1882, Miss Snively left her much loved home in St.

Catharines for New York, and entered the Bellevue Hospital Training School. She graduated in 1884, and immediately after she accepted the position of Lady Superintendent of the Toronto General Hospital.

An attempt had been made in 1881 to establish a training school for nurses in the Toronto General Hospital. Before this date, the nursing had been done by untrained and, for the most part, illiterate women. In three years, three appointments had been made by the Board for the position of Lady Superintendent. It is obvious, therefore, that the situation was bristling with difficulties and it required a woman of Miss Snively's courage to stay and face it.

Stay and face it she did, and out of conditions which today we find hard to imagine, she developed a skilled nursing service and a training school for nurses. When she left in 1910 she handed onto her successor a school which was not only thoroughly organized but which was known at home and abroad as embodying the highest ideals in nursing.

Miss Snively was quick to realize that in order to maintain standards, there must be solidarity behind them, and solidarity can come only through organization. For years she had belonged to the American Nurses Association, but it was not until 1907 that she and other outstanding members of the nursing profession were able to organize the first Canadian Association. It was known as "The Canadian Superintendents' Association." In 1908 Miss Snively founded the Canadian National Association of Trained Nurses. Every nurse whose qualifications came up to specified requirements was eligible for membership in this body. It was a truly national organization with members from coast to coast. Later the name was changed to "The Canadian Nurses Association". Miss Snively was also one of the foundation members of the International Council of Nurses and acted for several years in the capacity of treasurer.

In 1909 Miss Snively brought added prestige to Canadian nurses by affiliating the National Association with the International Council of Nurses at its triennial meeting in London, England. It was on this occasion that an honour which she valued very highly was conferred on her. Permission was given to her by King Edward VII to place a wreath on Queen Victoria's grave in Frogmore. The address which she gave on this occasion and the letter conveying the King's thanks are now treasured possessions of the National Office of The Canadian Nurses Association.

After her retirement in 1910, Miss Snively went abroad for over a year, staying in England, Ireland, Scotland, Germany and Switzerland. When she returned, she settled in Toronto and gave much of her time to church and social service work.

All her life she was intensely interested in the work of foreign missions. She helped native women in India to be educated as doctors; she maintained Bible-women in Formosa and sixteen years ago she started a school for children in one of the neglected villages of China. In order to carry on all these good works, Miss Snively had to sacrifice many of the comforts of life. She said little about it, and only a few very intimate friends have ever known the extent of her missionary enterprises.

Until two and a half years ago, she lived in a boarding house. Then the Board of Governors of the Toronto General Hospital very kindly made suitable arrangements for

MISS MARY AGNES SNIVELY

1847 — 1933

Honorary President and Life Member of the Canadian Nurses Association; Founder of the Canadian National Association of Trained Nurses, and first President, 1908-1912; Foundation Member of the International Council of Nurses, and first Honorary Treasurer of that Organization, afterwards a Vice-President for a period of four years; Superintendent of Nurses, Toronto General Hospital, Toronto, 1884-1910.

her on the ground floor of the new Private Patients' Pavilion. This brought her back into an atmosphere she loved, and made it easier for doctors and nurses to call on her frequently. She held court in her attractive room, and many were the admirers, both old and young, who came to pay their respects to the regal lady with soft, cloudy hair, flashing eyes and eager mind.

Miss Snively's final illness lasted two months. If she had lived about six weeks longer, she would have reached her eighty-sixth birthday. Although full of years, she was not really old, for she had within her certain vital elements which the passing of the years could not touch.

We proudly claim a place for Mary Agnes Snively among the great women of history. This we know, that in the future of Canada, wherever the nurse carries her gentle and scientific ministrations to the sick, wherever the public health nurse teaches the prevention of disease, wherever a hospital opens its doors to the needy, there will be felt the influence of this "Mother of Nurses" in Canada.

JEAN E. BROWNE.

Hail and Farewell

It was in the West that the news of the death of Mary Agnes Snively came to the editor of this *Journal*. First in Saskatchewan, then in Alberta, and again in British Columbia, tribute was paid to the memory of that great nurse by women many of whom had not known her personally, but who nevertheless had felt the influence of this fearless leader and teacher.

Naturally the first thought was: *She will not be with us at our Silver Jubilee next summer. It is as though we had lost our mother.*

Yet in a spiritual sense she will be with us. As long as the Canadian Nurses Association lives, its Founder will live. The torch of her devotion is ours to tend. The wind of death itself can not extinguish it, but only stirs it to a brighter flame.

The first letter to the new Editor was written by Miss Snively and remains a cherished possession. Its closing sentence is repeated here: *Into the future open a better way.* In humility and in affection that watchword is accepted. It will be as a light upon that high and rugged path trodden by Mary Agnes Snively — the way which leads to the stars.

PSYCHIATRIC NURSING

N. D. FIDLER, Reg. N.; Superintendent of Nurses, The Ontario Hospital, Whitby, Ontario.

This is a matter on which few people, I think, would feel at present that their opinions are definite or final, or on which they would care to be dogmatic. The whole question of psychiatric nursing education has only recently been seriously considered; and to many nurses psychiatric work appears only as a mysterious and rather bizarre specialty, which someone must undertake, but which is laborious, dangerous and not particularly interesting. Or they may grant that it is interesting, but still feel that it is something apart, for a few only; comparatively few will admit that it is absolutely basic and essential in the education of every nurse.

On the other hand, the need for psychiatrically trained nurses is admitted by all. A psychiatric nurse exists for the purpose either of assisting in the campaign for the prevention of mental illness, or to care for mentally ill patients; and there is, I suppose, no question in anyone's mind as to the prevalence of mental illness. We are dealing with types of disease so serious and so numerous as to fill more hospital beds than all other types combined; and this hospital population represents only a small proportion of the individuals who, due to mental difficulties, are not adjusting as effectively as they might.

Our contention is, however, that not only is any nurse better for having done mental nursing, but that no nurse who has not had this experience can be said to have had a complete and general nursing education. General nursing should not exclude any one type of disease; and the mental hygiene insight is indispensable in handling every type of patient, whether his disability is predominantly mental or physical.

Educational Values

As one authority, I would like to quote from the report of the *Survey of Nursing Education in Canada*, which repeatedly stresses the need for the psychiatric experience. In the chapter on *The Public Health Nurse*, recommendation three reads:

> More emphasis in the training of all nurses, but especially of public health nurses, should be devoted to mental hygiene and sociology. These courses should be as functional and applied as possible.

In *The Nurse and the Medical Profession* we read that in the appraisal of alleged defects most commonly found in graduate nurses from the viewpoint of a large number of physicians who were circularized, lack of tact in dealing with people ranks highest in order of both frequency and gravity. Although it is realized that intelligence is necessary for tact, it is also pointed out that it is not necessarily accompanied by tact. Tact, or social intelligence, is largely dependent on training, and we submit that psychiatric nursing should be one valuable form of such training.

Finally, in the questionnaire on the curriculum sent to three hundred representative private duty and public health nurses, they were asked to select from a list, in order of importance, the nursing activities which in the light of their

experience had been relatively neglected in the nursing school. The two hundred and fifty replies received, stated that in their opinion, such factors as "getting the patient mentally normal", "personality factors", "teaching the patient health habits", should have received nearly twice the attention they did. It was pointed out that in a number of training schools these factors had been almost entirely neglected.

We have said that psychiatric experience is necessary for all nurses. There are several reasons for this. In the first place, a patient cannot be neatly divided into a body and a mind, but must be treated as a whole personality. Psychiatry is part of general medicine, and psychiatric nursing cannot be regarded as separate and distinct from general nursing. We are always nursing a patient with an illness which is related to his whole make-up and to his social situation. It is doubtful if we ever have a patient who is absolutely normal mentally; most patients exhibit mental reactions which are, at least, slightly exaggerated forms of their usual behaviour. Some knowledge of the way our minds work—of what are called mental mechanisms—will obviously add to the nurse's effectiveness in such cases.

Moreover, this knowledge is necessary even in cases which are almost purely physical. The patient's attitude toward his illness and the nurse's understanding of that attitude, are of great significance in his prognosis. What can be more important than his emotional reaction to the situation? It is essential that the nurse should ask herself, and have some means of answering, such questions as: How does the patient feel about his condition? Is he normally hopeful; unduly optimistic; apprehensive; fearful? If the reaction is not wholesome, is it merely an exaggeration of his usual behaviour, or are other outside factors adding to the strain of illness? His ideas regarding his illness may be distorted. Within the limits of his information, his conception of his illness should, normally, rather closely agree with that of the physician. His co-operation depends largely on his desire to get better —his will to health. Too easy acceptance of illness may be merely habit, or may be an escape, or, more or less consciously, may be for a purpose. In any of these situations, understanding of all the factors involved is necessary if the nurse is to guide the patient toward health.

The relationship of the nurse to any patient is made easier by a knowledge of the technics used in dealing with mental patients. The tact and the objective attitude necessarily acquired in dealing with patients who are easily upset or discouraged, or who are apt to misinterpret careless remarks, can be used to advantage in dealing with all other patients, and should tend to lessen undue sensitiveness on the part of the nurse. This can be extended, as has been recently pointed out, to the patient—hospital relationship. Many undesirable mental states can be attributed directly to hospital experiences. While some of these are due to forces beyond the nurse's control, many may be prevented by her. Such states of worry and irritation the nurse should be able to imagine and prevent.

The ability to think in this way should be developed through psychiatric nursing, which does not simply mean carrying out certain prescriptions—bath, diet and medication, important though these

remain. The diagnosis and the prescription of treatment is exclusively the work of the physician, but the nurse must definitely contribute to this treatment, both because she sees more of the patient, who for this reason often confides more easily in her, and because she must actually carry out a great part of the treatment. The teaching necessary to carry out much of the physician's plan for the patient requires time and repetition and may be regarded as health teaching which falls within the province of the nurse.

TWO OF THE RESIDENCES, THE ONTARIO HOSPITAL, WHITBY.

Perhaps as important as any other use, however, is the fact that psychiatric experience should be for the nurse herself a very vital course in mental hygiene. The better knowledge of herself thus acquired not only secures better results for her patients, but should be a guarantee of her own health and efficiency. In the mentally ill patient, the nurse sees her own difficulties enlarged and exaggerated, but clearly recognizable. She sees the steps through which these minor disabilities developed into definite illness. Jealousy, suspiciousness, grievance reactions, are seen as the miniature picture of a paranoid reaction; the tendency to too ready emotional expression as the beginnings of a manic-depressive psychosis; and so on through various unwholesome reactions to which she may previously have attached little significance. She learns that the foundation for most mental illness is laid in childhood, and the importance of child training; but also that even much later a person can change her responses through applying and practising the rules of mental health.

How is Psychiatric Experience Obtained?

The question of the method or methods of nursing psychiatric

Institute of Public Health
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University of Western Ontario

patients and of giving psychiatric nursing experience, is at present the subject of much discussion. Some authorities maintain that an experienced attendant is just as useful, or more useful, than any other form of nursing care; others that only the best prepared and most intelligent type of nursing should be used for these patients, and that the nurse should be an important agent in guiding the patient through his readjustment. Some psychiatrists aver that a psychiatric nurse must be reared from the beginning in the atmosphere and traditions of the mental hospital to understand its problems; others that mental patients receive better care from the nurse who has had a comprehensive foundation to which further psychiatric experience has been added.

The teaching of psychiatric nursing is at present carried on chiefly by the following methods:

By an undergraduate school of nursing in a mental hospital, with affiliation at a general hospital.

By general hospital students affiliating at a psychiatric clinic or hospital during their ungraduate course.

By post-graduate study at a mental hospital.

The Mental Hospital School of Nursing

On this continent, nursing schools in mental hospitals were established about ten years after the first schools in general hospitals—that is, about 1882. The first organized course was at McLean Hospital in Massachusetts, and soon after nearly all mental hospitals in Canada and the United States were conducting training schools. These were established primarily for the same reason as those in general hospitals—to provide nursing care for the hospital.

These schools have improved and developed remarkably, under great difficulties and many of them give very fine lecture courses. The difficulty, of course, is the lack of clinical material, and of facilities for teaching the sciences basic in nursing. Surgical nursing cannot be taught where there is little or no surgery; and similarly with many other subjects in the curriculum of the general hospital school. Moreover, it is asking too much of any student to expect her to absorb the theory of a subject at one school, and, perhaps months later, take it with her to another school and apply and incorporate it into her nursing practice there. The result has tended to be that the rich psychiatric teaching resources in the mental hospital are neglected in the endeavour to enable the student to compete with general hospital students at the registration examinations.

Affiliation for Psychiatry

This is unfortunately not an absolute requirement in the minimum curriculum for Ontario and is not necessary for provincial registration. A brief lecture course in mental diseases is outlined, and practical experience is recommended, but not insisted upon. Lectures alone will influence few students toward this field. Recently in this province, we have made a start in this direction, and several of the general hospitals in the city send students to the Toronto Psychiatric Hospital for a three months' course in psychiatric nursing.

Even these schools, however, send only a small percentage of their senior classes. It is recognized, of course, that this is due not to the lack of interest on the part of the schools concerned, but to the difficulty of adding anything further to their present curricu-

lum. Yet, to quote the *Survey* again:

> Thoughtful nurses throughout Canada realize that some re-alignment of emphasis to stress the human factors in their work, as well as bedside techniques, is overdue and the weight of medical and nursing evidence now favours including psychiatric nursing in the basic curriculum.

This, like any other type of nursing, can only be taught through experience, and the *Survey* definitely recommends a period devoted to the actual care of mental patients for every under-graduate student nurse. Certainly it is a health viewpoint that we want in the student, and assuredly the principles of mental hygiene should be first taught in the preliminary period, and continued throughout the three years. But it does so happen that sick minds are easier to study than well ones—the mechanisms are more pronounced, obvious even—and a period of actual psychiatric nursing undoubtedly constitutes one of the most vivid and affective ways of emphasizing to the student the laws of mental health. Student nurses themselves realize this; the demand for this type of experience is much greater than can, up to this point, be satisfied. In some classes nearly one hundred per cent of the group have asked for it. Those students who have had this experience are, I believe, without exception, enthusiastic about it and state that even in the brief time devoted to it, they have acquired a much better understanding both of their own problems and those of their patients.

The good nursing school will, naturally, satisfy itself before embarking on such an affiliation for its students, that its own standards are to be reasonably well matched in the special school—that proper accommodation, living and working conditions, teaching facilities and teaching personnel are to be provided. These standards having been met, the special hospital is in a position to supply an actual deficiency in the general hospital school program. Special hospitals have been criticized, probably justly, for maintaining training schools. If such a hospital demonstrates its willingness to try to carry on its nursing without a school, using graduate nurses and affiliated students, is not such a procedure educationally sound, and should not the general hospital schools hasten to give their approval and support? To summarize, some of the advantages of such undergraduate affiliation are:

> It should give the student nurse greater mental and emotional stability.
>
> It should give her some knowledge of the causes and treatment of mental diseases.
>
> She should acquire certain nursing skills in caring for the mentally-ill patient.
>
> She should gain some idea of the principles of preventive psychiatry, and mental hygiene.
>
> It is an excellent test of the student's powers of adjustment and adaptability.
>
> It gives an opportunity to test out or reveal special tastes and abilities.

Post-Graduate Courses in Psychiatric Nursing

We have said that all undergraduate students should have as part of their basic course, a short period of nursing in a mental hospital—sufficient at least to provide a viewpoint and give them some of the fundamental principles of mental hygiene. Obviously, any graduate nurse who plans to specialize in this field, will require a much fuller course, and should be able to take more advanced work. Such post-graduate courses are in their infancy. Lately, in the United States, the Educational Committee of the National League of Nursing

Education has been giving most of its time to a study of programs to meet the needs of graduate students, and the first results of this work will soon be available. At the same time it is felt that it is not yet possible to set up absolutely hard and fast requirements for these courses. Certainly they should not be open to any and all applicants. If they are to approach University standards, as soon as possible, and before long, they should be restricted to graduates of good nursing schools who have at least matriculation standing and who show definite evidence of ability and interest in this work.

As an example of one attempt to solve this problem under present conditions, a brief outline of the post-graduate course now given at the Ontario Hospital, Whitby, follows. This is a twelve months' course, open to graduates of approved training schools, who are registered in Ontario or in their own provinces. The students receive room, board, laundry, and an allowance of $10.00 per month, providing their own uniforms and textbooks. An examination is held at the end of the course and a certificate awarded to all candidates who have completed it satisfactorily. The lecture schedule is as follows:

Special anatomy	10 hours
Psychology	15 hours
Psychiatry and neurology	25 hours
Mental nursing	25 hours
Hydrotherapy	7 hours
Occupational therapy	6 hours
Psychotherapy	6 hours
Extra-mural psychiatry	10 hours
Parent education and child guidance	16 hours
Public health nursing	8 hours
Seminars	30 hours
Ward clinics	20 hours
Staff conferences	30 hours
Lectures by guest speakers	20 hours
	230 hours

The division of time for practical experience is approximately as follows:

Women's reception service (general)	1 month
Women's reception service (special)	1 month
Men's reception service	2 weeks
Women's acute service	6 weeks
Women's continued treatment service	1 month
Women's infirmary service	1 month
Men's infirmary service	1 month
Women's convalescent service	1 month
Occupational therapy department	1 month
Mental health clinic	1 month
Special services	2 weeks
Night duty	1 month

During the month with the mental health clinic the nurse spends her entire time in this work, travelling with the clinic and observing its preventive and follow-up work in the district, and in its out-patient work at the hospital, observing early cases of psychopathic disorder in adults and children, receiving at the same time practical instruction in psychiatric social service.

The two weeks of special services include one week at the Ontario Hospital, Orillia, for an intensive course in the care and training of persons suffering from mental deficiency; and visits to the Psychiatric Hospital, the Alexandra Industrial School, the Juvenile Court, the Edith L. Groves School, the Junior Vocational School, the University Settlement, the St. George's School for Child Study, Toronto, and the Boys' Training School, Bowmanville.

The course in public health nursing is planned to show the relationship of mental hygiene and psychiatric nursing to public health nursing, and includes two days' observation with the nurses of the Department of Health, Toronto. The course in parent education and child guidance is given by an expert in this field and special lec-

tures are given throughout the year by speakers in special lines of mental hygiene and psychiatry.

Fifteen nurses entered and completed the course last year. The group this year numbers thirty, and it is planned to take no larger group than this at one time.

Educational Objectives

When we come to consider for what this course should fit the nurse, we see that by it, her professional preparation may be improved either directly or indirectly, and probably the larger number are affected in the latter way. That is to say, this experience may be used to increase her efficiency generally, and as a very desirable foundation for other work; or she may be preparing for specifically mental hygiene or psychiatric nursing. If we simply consider the three main groups into which nursing falls, I think we shall see that this knowledge can be used to advantage in all three. The private duty nurse is a member of a very large group, the members of which have a very intimate contact with their patients, and whose influence and advice can be most potent in educating the community as to the significance of early symptoms and the existence of clinics for consultation. This in addition to the added efficiency in handling the patient which we have previously claimed.

The public health nurse is well aware of the need for mental hygiene in all her work. She knows the necessity for teaching the laws of mental health along with physical hygiene, and she knows also that to really evaluate the family situation she must be able to detect deviation from healthy ways of thinking and behaving. Her opportunity of influencing public opinion is also very great.

The institutional nurse, particularly in a hospital where nursing students are taught, has equally great need of this experience. If we are agreed that mental hygiene should come into the nursing course at the very beginning and inform it throughout, it seems obvious that the nursing instructor needs a broad background of these principles; yet it is not impossible to find a nursing course taught into which the patient's mental attitude simply does not enter at all. We talk a great deal nowadays about nursing the patient as a whole. If this is to be taught and carried out, the ward supervisor will have to have some knowledge of the mental side of her patient's illness and be able to point out the significant factors to her students.

Professional Opportunities

For the nurse who wishes to specialize in psychiatric nursing, there are even now various openings which will undoubtedly increase. At present such nurses may function as:

General duty nurses in mental hospitals.
Private duty nurses for mental patients.
Supervisors or teachers in mental hospitals.
Head nurses of psychiatric wards in general hospitals.
Mental hygiene workers in public health nursing departments.
Nurses in psychiatric clinics.
Psychiatric social workers.

In this connection, it may be interesting to glance at the present distribution of last year's postgraduate group:

Superintendent of Nurses	1
Assistant Superintendent of Nurses	2
Instructors	2
Psychiatric Social Work	2
General Duty—Ontario Hospital	6
Taking further social work	1
Doing further study in Child Guidance	1
	15

A New Approach

Fifty years ago there was no mental hygiene. "Insanity" was the term applied to abnormal mental states which disturbed the individual's ordinary social contacts, and "alienists" treated these patients. The practice of psychiatry was confined to "asylums" manned by "keepers" or "guards." Treatment was directed only toward the protection of society and was essentially repressive — restraint, cells, manacles, cruelty. We have come a long way in these fifty years, as evidenced by the vast improvement in hospitals and their personnel, in the changed public attitude toward mental illness, and in our appreciation of the possibilities of prevention. We now know that fifty per cent of mental illness can be avoided through proper methods of child guidance and health education. Today the mental hospital itself, while still the centre of activity, is really a minor part of the whole field. The application of mental hygiene reaches out through the mental health clinic into all community relationships. If the community need is to be the guide in determining nursing education, then mental hygiene and psychiatry must become part of the education of every nurse.

A Good Opportunity

Courtesy of the Bulletin of the American Nurses Association.

Opportunities for mental hygiene are more extensive in public health nursing than in a nursing service rendered in an unnatural environment, even though the need is probably greater in the hospital situation, thinks Jane D. Nicholson, R.N., writing in the *Pacific Coast Journal of Nursing* for June. The home provides a rare opportunity to observe the beginnings of behaviour, both desirable and undesirable. The public health nurse's contact — which usually extends over a long period even though at infrequent intervals—gives excellent opportunity for comparative study of family situations and for proper guidance, Miss Nicholson points out. The public health nurse has a definite social-medical outlook. She has been taught to deal with persons rather than with diseases. She appreciates that she cannot satisfactorily deal with either unless she considers both.

An Untilled Field

Courtesy of the Bulletin of the American Nurses Association.

Thousands of graduate nurses are idle while attendants care for the mentally ill. Too often these attendants give little serious thought to restoring the unfortunate sufferers to health. How much better it would be if graduate nurses were caring for these patients! The foregoing sentiments of Gretchen E. Nind of Worcester State Hospital, Massachusetts, will meet with the approval of many nurses. Miss Nind does not stress this need simply because there is a known oversupply of nurses but because the social treatment of the patient increasingly requires more intelligent supervision on the wards.

If mental hospitals wait for suitable nurse candidates to present themselves, Miss Nind told delegates at the convention of the National League of Nursing Education, the major portion of nursing care will be carried by attendants for years to come. Miss Nind thinks that mental hospitals should not wait until there are enough nurses trained in psychiatry, but should diligently seek out recruits from among graduate nurses. These recruits must be selected with great care and need to be given a supplementary course in the mental hospital. The state mental hospital should also, in her opinion, supply a program for advanced study of psychiatric nursing and should provide psychiatric education to head nurses and supervisors, so that better ward teaching will result.

THE FLORENCE NIGHTINGALE MEMORIAL

JEAN I. GUNN, Superintendent of Nurses, The Toronto General Hospital.

The Congress of the International Council of Nurses held in France and Belgium in July, 1933, will be recorded in the history of the Council as being the Congress at which the memorial to Florence Nightingale was definitely planned and the necessary steps taken for an organization to bring this much desired memorial into being.

As early as 1912, when the Congress of the International Council of Nurses was held in Cologne, Germany, the suggestion for such a memorial was made. The Great War followed in 1914, and action was delayed. However, various committees have given the suggestion serious thought and the result of their work is now shown in a very definite plan.

At the Congress held in Montreal in 1929, Mrs. Bedford Fenwick of Great Britain, was appointed chairman of the Florence Nightingale Memorial Committee. At a meeting of the board of directors held in Geneva in June, 1931, it was decided to include the Presidents of all national associations holding membership. It was also decided at this meeting that the memorial should be located in London, England, and should be international in character. The suggestion approved for consideration was that the memorial should take the form of an endowed Foundation for post-graduate nursing education.

The committee proceeded to plan its work along the lines of these recommendations, and in July, 1932, the National Council of Nurses of Great Britain organized "Nightingale Week" in London. The Canadian Nurses Association was represented by the chairman of the Canadian Florence Nightingale Memorial Committee, Miss Grace Fairley. At this meeting the plan of the committee began to take definite form, and in the year that followed, the committee succeeded in preparing very definite suggestions for the consideration of the Congress in 1933.

Several Canadian nurses have taken post-graduate work in Bedford College, University of London. These courses were organized in 1920 by the League of Red Cross Societies in an effort to provide this much-needed education for all countries, but expressly for those countries in which such courses did not exist. In 1931, owing to the financial situation, the League of Red Cross Societies decided that it was not possible to finance these courses and that they would have to be discontinued in the near future. To the Florence Nightingale Memorial Committee this seemed an opportunity to approach the League of Red Cross Societies with a view to bringing about collaboration between the two organizations in support of the existing courses in Bedford College. As a result, the League of Red Cross Societies authorized the continuation of the courses for another year terminating in July, 1933.

In July, 1932, the representatives from the different countries attending the "Nightingale Week" approved the suggestion of endeavoring to find some means of continuing these courses in Bedford College until the next Congress of the International Council of Nurses, when the report and suggestions of the Committee would be

considered and definite action taken. This really meant providing the financial support for the College Year 1933-1934. In this undertaking the nurses of Great Britain have taken the lead. The national associations holding membership in the International Council of Nurses were approached, but very little financial support was received, except from a few countries. Through the efforts of the nurses of Great Britain, assisted by the League of Red Cross Societies, sufficient funds have been subscribed to finance the courses until July, 1934. By that time it is hoped that the national associations will have had time to discuss the suggested plan for the Memorial and to decide the extent of the financial support each association feels able to pledge.

An outline follows of the plan presented to the Board of Directors and to the Grand Council of the International Council of Nurses for the Florence Nightingale Memorial Foundation.

Foundation

It is contemplated that the Florence Nightingale International Foundation should be an autonomous body constituted under English law, and governed by a Grand Council, comprising five representatives of the International Council of Nurses, five representatives of the League of Red Cross Societies, and two representatives of the National Florence Nightingale Memorial Committee of each participating country. The Grand Council will be responsible for the policy of the Foundation, and between its meetings, will delegate its powers to a committee of management, elected by the Council. It is suggested that the committee of management should comprise three representatives of the International Council of Nurses, three representatives of the League of Red Cross Societies, two representatives of the National Council of Nurses of Great Britain, two representatives of the British Red Cross Society, one representative of Bedford College and one representative of the College of Nursing. Sub-committees may be constituted by decision of the Committee of Management.

Purpose

The purpose of the Foundation will be the maintenance and development of facilities for post-graduate training for selected nurses from all countries, taking as a basis the International Courses in London, now administered by the L.O.R.C.S. in co-operation with a small conjoint committee including nurse representatives.

Finances

The financial resources at the disposal of the Grand Council will be constituted:

By the capital sum subscribed through the efforts of the national Florence Nightingale Memorial Committees. It is considered that the amount required for the full and permanent endowment of the scheme, including provision of at least twenty scholarships annually, would be £200,000.

Pending complete endowment of the scheme by the annual payments provided by organizations or individuals in each country, it is proposed that, in addition to such contributions as they are able to secure for the capital fund, each national F.N.M.C. should endeavour to provide one or more scholarships, for a minimum period of ten years.

Procedure

If this scheme commends itself to the International Council of Nurses, it is hoped that the I.C.N. will formally communicate its approval to the League. If the Executive Committee of the

League, in its turn, endorses the project, and signifies its willingness to co-operate in its realization, it is suggested that:

The I.C.N. should circularize the national Councils of Nurses which are members of the International Council, urging them to take the initiative in promoting the constitution of National Florence Nightingale Memorial Committees at the earliest practicable date.

The L.O.R.C.S. should simultaneously circularize the National Red Cross Societies in the countries where national Councils of Nurses, affiliated to the I.C.N. exist, inviting each of them to co-operate with the corresponding National Council of Nurses in promoting the constitution of the Florence Nightingale Memorial Committee.

Each National Florence Nightingale Memorial Committee, when constituted, should remain in permanent contact with the International Council of Nurses, which, in conjunction with the Secretariat of the L.O.R.C.S. should undertake to provide them with the necessary data to furnish the basis for the national appeal. The lines upon which the Appeal should be issued, the organization and individuals to be approached, the set-up of the National Florence Nightingale Memorial Committee, and the character of the co-operation to be given to that Committee by the Red Cross, will necessarily vary from one country to another, so that only facts regarding the present character of the Courses and the proposed activities of the projected Foundation can usefully be furnished from the International centres. The national bodies will be alone able to judge of the kind of organization and method of appeal most suitable to their respective national conditions.

In the discussion following the presentation of the report to the Board of Directors and to the Grand Council, the principle of majority representation was discussed and the following motion was adopted:

In adopting the draft scheme of the Florence Nightingale Memorial, the I.C.N. expresses the desire that since the objective of the Memorial is to perpetuate the memory of Florence Nightingale and to promote the education of nurses, in the organization of any permanent foundation the nursing profession be granted the majority of the membership on all committees, national and international.

In adopting this report it was definitely agreed that the delegates could not commit their national associations to any definite action. With this understanding the report was adopted unanimously.

At the closing meeting of the Board of Directors the five members who will represent the International Council of Nurses in the Florence Nightingale Memorial Foundation were elected as follows:—Mrs. Bedford Fenwick and Miss Alicia Lloyd-Still, of Great Britain; Sister Bergliot Larsson, of Norway; Miss Effie Taylor, of the United States of America; Miss Jean I. Gunn, of Canada.

The extent to which the nurses of Canada will share in the financial responsibility has yet to be determined. Each national association is left entirely free to decide plans of procedure. The stress is laid on the importance of making the Memorial international and in having the nurses in every country do what they feel they can toward the establishment and maintenance. The League of Red Cross Societies has been very generous in offering to transfer to the Florence Nightingale Memorial Foundation all the assets which have been maintained in connection with the nursing courses in Bedford College. These assets include the beautiful residence in Manchester Square which has, for several years, been the home and headquarters of the students from many countries. This represents a very substantial endowment and a wonderful beginning for the new undertaking.

It would seem that this is a unique opportunity for the nurses of the world to demonstrate in a very suitable and material way their acknowledgment of the debt

that the members of the nursing profession owe to their great leader, Florence Nightingale. It is an opportunity that we as Canadian nurses will want to share. When this great Memorial is established, and nursing in every land is feeling its influence, we will want to feel that we helped to lay the foundation stones and shared the early struggles, and that we have a right to feel proud of its success.

Letters to the Editor

* * *

Chrysalis or Butterfly?

As one whose work is closely connected with members of the nursing profession —and whose sister has been an active member of the profession for many years —I would like to comment on Dr. H. B. Atlee's article on the question of uniforms.

Time and again I have had much the same thought and felt particularly sympathetic with the young probationer who so often reminds one of an orphan home! What strikes me as being the most conspicuous and ugliest feature of their attire is the black shoes, or boots, and stockings they wear. Why black? It is such an absurd contrast to the white aprons, caps, and print dresses.

Again, the graduate nurse in her tailored uniform of spotless white is a charming and refreshing sight—and most of them I believe wear well cut (and most expensive) shoes. It is a well known fact that the attractive uniform has been largely responsible for many girls wishing to enter the profession, but apparently it is necessary for them to go through the chrysalis stage before they emerge in their full glory, and possibly there is some real psychological value in this aspect of their training.

INTERESTED, Toronto.

CARRYING ON

The members and friends of the Alumnae Association of the School for Graduate Nurses, McGill University, will be gratified to know that, owing to the efforts of the special committee under the convenership of Miss Frances Upton, the sum of $5,000.00 has been raised, and at a meeting of the executive committee, held on September 6th, 1933, arrangements were made whereby a cheque for this amount was forwarded to the Bursar of McGill University to be used toward the maintenance of the School for Graduate Nurses, for the session 1933-34.

That the courageous support of the nurses is appreciated to the full by the University authorities is evidenced by the following letter from the Principal of the University, Sir Arthur Currie, addressed to Miss Margaret Orr, secretary-treasurer of the Alumnae Association of the McGill School for Graduate Nurses:

September, 8, 1933.

Dear Miss Orr:—

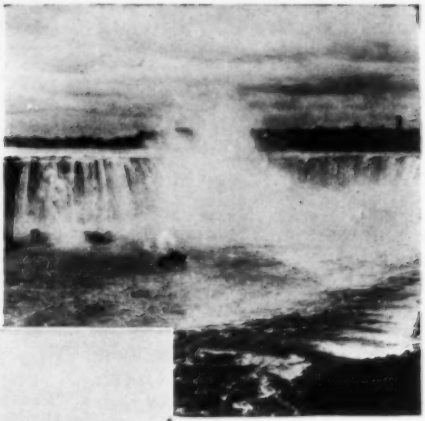
I have to thank you for your letter of September 7th, and for the cheque for $5,000 forwarded to the Bursar, to assist in continuing the School for Graduate Nurses for one more year.

May I congratulate the Alumnae Association of the School on the effort made to raise these funds, and on the splendid response from the members of the nursing profession in Canada and their friends.

Ever yours faithfully,
(Signed) ARTHUR CURRIE,
Principal.

Napoleon once said that his trouble with the British was that they never knew when they were beaten. Neither do the nurses. Thy carry on.

ALL THESE
PLEASANT ROADS
LEAD TO
TORONTO



C.N.A.
BI-ENNIAL
MEETING,

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ROYAL YORK
HOTEL,
JUNE 26th to 30th,
1934.

Courtesy of the Canadian Pacific Railway.

The Editor's Desk

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The Biennial Meeting

Plans are already under way for the Biennial Meeting of the Canadian Nurses Association. This coming together of nurses from all the Provinces of Canada is always a stimulating and enjoyable event, but the meeting which is to take place, from June 26 to June 30, 1934, in Toronto, has certain features which will give unusual significance to the occasion.

The Quarter-Century Mark

To begin with, this meeting marks an important milestone. The National Nursing Association has now reached the quarter-century mark. Though still young and vigorous, it is gaining in maturity and stability. Its members are coming to have a sense of the past as well as an anticipation of the future and are tracing back, with a growing interest, the many coloured threads which are woven into the warp and woof of the nursing fabric.

The Place of Meeting

By a happy co-incidence, the city of Toronto is itself celebrating in 1934 the centenary of its incorporation and the one hundred and fiftieth anniversary of the founding of the Province of Ontario by the United Empire Loyalists. The headquarters of the Biennial meeting will be the magnificent Royal York Hotel with its unexcelled facilities for the holding of large gatherings.

The Programme

The programme is already beginning to take form and will naturally have historical significance. At one session the present status of the nursing profession will be reviewed; at another, the future trend will be forecast; at a third, immediate aims will be defined from several angles; at a fourth, the past will be reviewed when, by means of a pageant, the great figures of the nursing past will once more appear upon the scene.

Nor will the more practical side be neglected. A number of important questions will be presented for discussion and action. The National Joint Study Committee will present a report. The Florence Nightingale Memorial Foundation project will be given careful consideration. A progress report will be made concerning *The Canadian Nurse* and its future policy will be debated upon. The election of officers for the next two years will take place.

The Speakers

A number of interesting names appear upon the tentative programme, but these cannot be announced until plans are further advanced. There is, too, a possibility that distinguished representatives of nursing in other countries may grace the occasion with their presence.

Toronto in 1934

From time to time, further and more specific information about the plans for the Biennial Meeting will appear in the *Journal*. In the meantime take next year's calendar and draw a little line around the last week in June. Those are the days of Jubilee when all nursing roads will lead to Toronto and all good nurses will set out upon them.

The Psychiatric Field

In the long run it may be fortunate that sheer necessity is forcing nurses to explore any and every avenue of possible employment. There have been many which, in the prosperous days, were all too lightly ignored. Among these was, and is, psychiatric nursing. In this issue of the *Journal* the possibilities of this branch of professional activity are clearly stated by Miss Fidler. The special preparation required is fully described. Are we going to avail ourselves of our opportunities? It is time that we did. Later we may find that this gateway into new achievement is no longer open to us.

Courtesy of the Canadian Pacific Railway.

FOYER OF THE CONVENTION HALL, THE ROYAL YORK HOTEL, TORONTO.

Department of Nursing Education

CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

THE PRACTICE FIELD

E. NORA NAGLE, M.A., Reg. N.,
Assistant Director, The School of Nursing, Toronto University.

In any school, theory is taught for the purpose of making practice more effective. All education aims to make living more effective. All teaching, therefore, should bring *living* into its purpose and all teaching should be governed by a recognized active need for the materials of teaching. So far as correlation is concerned, let the classroom with its experienced and well-prepared teaching staff be taken for granted, and let us look at that most necessary other side —the practice field.

The practice field is divided into services which offer the necessary nursing and observational experiences and skills. Divisions of these services are to be found in the wards of the hospital. In these wards it is expected that the student nurse will have opportunity to use in practice the knowledge taught, becoming skilled in observation and in teaching and caring for the patient according to his individual need.

This objective is sound. Why then is the practice not always satisfactory? Why is it still a problem? Administrative there are several factors involved as:

Too great a burden of work for all, a great deal of which is not nursing. Lack of the right attitude towards the studentship of the nurse and the individuality of the patient.

Constantly interrupted student experience in any service.

Lack of sound educational ideas on the part of the administrative officers of the school of nursing which results in the appointment of unprepared head nurses and supervisors.

Lack of skill in utilizing educationally the opportunities every ward offers.

Miss Wilson's article on another page offers suggestions which must certainly help. These may be summarized thus:

The need for administrators with preparation for teaching and who feel sincerely responsible for guiding that nurse's experience educationally. Sufficient ward personnel to permit time for adequate nursing care and experience on the part of the student.

Careful analysis of the clinical material available from this point of view.

Staff conferences, to insure co-operation and for the purpose of keeping an unconfusing uniformity in procedure.

Based on an understanding of supervision, and on an analysis of the nursing experience a ward can assure, Miss Bolton's article also offers worthwhile suggestions:

The assignment of students to progressively difficult or more involved nursing experiences maintaining a continuity of nursing care and careful direction of thinking.

Adequate helpful supervision of work and constructive criticism in conference with the student.

The setting up of standards of attainment and experience in nursing for the student in each service.

Guiding the effective application of nursing principles to each individual case, through bedside teaching, ward clinics and case studies.

Probably, though necessary, this sounds rather overwhelming to the experienced ward administrator who has not been prepared for teaching, and who feels it well-nigh impossible to add but a little more to the day's activities. But there is a way to approach this problem that is possible and interesting as an experiment for any head nurse or supervisor, however busy she may be. There must first be the belief that much of her work with the student nurse is teaching anyway. Then, there is the problem of proving it or of finding out how much time in the day is given to more or less incidental teaching. One of the ways of solving this problem is by a diary of each day's and of many days' activities. The average time spent in teaching will be a surprise—amounting to hours per day.

The next step is that which any business-like person would take. If this time is already being spent, how can it be used efficiently or made more recognizably effective? Planning and organization seems the answer. It is here that knowledge of the learning process, of methods of teaching and a sound educational philosophy helps. Some means that have already been found successful may be interesting:

Carefully planned five-minute talks or demonstrations to the under-graduate and graduate nursing staff of the ward at or immediately following the reports, morning and evening, using the pupils' studies and experiences and developing pupil participation.

Carefully planned nursing rounds with each responsible student.

Appointments for conference with student or student group, keeping in view the educational objective of this work.

Full nursing responsibility assigned to students, with recognition of initiative and thinking.

Conferences and teaching planned to foster the development of the student's sense of responsibility to the patient.

There are many other means by which the interested, busy ward administrator has discharged successfully her duty to the young members of her own profession. These means await study and expression. It is hoped that any well worked out plan may find its way into the pages of *The Canadian Nurse* to help all the other strugglers.

Nursing Tuberculosis

Increased interest is being shown all over the country in the nursing of tuberculosis. Unfortunately many schools of nursing do not offer experience in this important field. Opportunities for post-graduate courses are however steadily increasing, and in East Saint John, New Brunswick, the Saint John Tuberculosis Hospital not only affiliates with seven schools of nursing but also offers a two months' postgraduate course to graduate nurses. This institution is equipped to care for one hundred and fifty-six patients in addition to fifty children housed in a separate building. A comprehensive course of lectures has been arranged in addition to practical experience in all divisions. Six hundred and twenty-two graduate and student nurses have already taken this course.

CORRELATION OF THEORY AND PRACTICE

JESSIE M. WILSON, Reg. N., Instructor of the Practice of Nursing, School of Nursing of the Brantford General Hospital.

It has been said that the instructor of the practice of nursing should be the strongest person on the teaching staff; for is not this the major subject to be taught in the nursing school? It is to this person that we should be able to look for guidance and assistance in the correlation of theory and practice.

With this thought in mind, it is very evident that this person should be chosen with great care. She should thoroughly understand the principles of teaching and be familiar with the subject matter. She must be a person with keen understanding, having the ability to cope with human nature, for there will be numerous problems to be faced and dealt with in keeping the wheels of administration and teaching running smoothly in the busy ward. An over-enthusiastic instructor, who fails to see and to realize the problems of ward administration, may do a great deal to antagonize both supervisor and students, and thus fail to get the co-operation from both which is so essential.

The instructor of practice should be an extremely practical individual, having had, if possible, experience in some branch of hospital administration before specializing in this field. In her classroom she should avoid teaching elaborate procedures, or using equipment which the student will not find on the ward, keeping in mind, at all times, the possible ward situation. Every school should have at least one instructor of practice, and the larger institutions may increase their number to correspond with the size of the hospital and the number of students.

The ward supervisor may form either a strong or weak link in the correlation between classroom and ward teaching, therefore this nurse, like the instructor of practice, should be carefully chosen. She should have had a liberal education, complete matriculation being desirable, and if possible, some teaching experience. If you cannot find a person with these qualifications, one should be chosen who feels keenly the need of ward teaching for the student nurse and who is willing, through extension lectures or reading, to improve herself and keep abreast with the nursing situation, teaching as well as administration. No matter how efficient a ward administrator she may be, if she does not feel the need for the teaching of the student on the ward and is not willing to co-operate with the instructor, she should not be on the staff of the nursing school.

We are all aware of the time which is taken up by junior students giving "demonstration back" to the instructor on the ward, and the problems which the supervisor has to deal with in regard to the service which must be rendered to both patient and physician. Notwithstanding these considerations, every supervisor should realize that these students, as they progress, will be of greater value in the administration of the ward. An indifferent supervisor may throw the proverbial monkey-wrench into the teaching mach-

inery quite easily, and make it utterly impossible to establish or maintain any correlation between the classroom and the ward.

Some essential factors in establishing correlation may be summarized as follows:

Every ward should have a graduate supervisor.

There must be adequate clinical experience on the ward, to enable students to practice the procedures taught them in the classroom.

There should be equipment on the ward identical with that used in the demonstration room and, incidentally, plenty of it. Your correlation is broken down right away if your student fails to find, on the ward, the articles which she has been taught to use in the demonstration room. Teaching material and equipment is just as important on the ward as in the classroom.

Sufficient personnel on the wards to help with the routine work, so that the student's time is not taken up performing non-nursing duties, making it impossible for her to give treatments properly. Unfortunately we have all heard a student reply, when questioned as to why she did not give a treatment as taught: *I couldn't, because I didn't have time.*

These practical suggestions, I feel, should be taken into consideration if you are going to make out of a busy and frequently overcrowded ward, a well-organized teaching unit.

Too much cannot be said of the value of the staff conference, in helping to solve problems of hospital administration. It is not, however, from the administrative angle that we are going to view the staff conference, but as a valuable asset to the teaching department of the school of nursing. The personnel of the conference should consist of the superintendent of nurses, her assistant or assistants, the instructors of theory and practice and the ward supervisors, calling in for special consultation the heads of special departments such as the dietitian or laboratory technician. The functions of the conference in relation to the school of nursing should be:

To make every member of the nursing staff feel her responsibility as part of the teaching staff and that she has a definite and important part to contribute to the education of the student.

The compiling and revising of nursing procedures of the ward, for the teaching and placing in the Ward Routine Book, and clearing up in the mind of the staff any misconceptions of any of the procedures. Thus being absolutely certain that all who are teaching, whether in the organized class or at the bedside, are carrying out the same procedure. Sometimes the instructor of practice may take the staff to the classroom, in order to demonstrate a procedure, receiving criticism and suggestions for improvement which may be made for practicability and for the comfort of the patient.

I do not consider that any hospital, however small, can afford to be without a book which outlines the nursing procedures as practised on its wards. These procedures having been drawn up, with the help of the best standard texts on the practice of nursing, and arranged in a suitable manner as teaching material, can be most helpful both for teaching in the classroom and for reference on the wards. Then, too, copies of these procedures may be mimeographed and given to the students during the course of the lesson, to file in a loose-leaf note book, thus placing in the hands of the student the procedure exactly as she will find it in the routine book which is kept on the ward.

You may feel that this is spoon-feeding the student and so it may be, to a certain extent, but taking into consideration the seriousness of the subject matter, and the possible errors made in hastily taken notes, I am quite willing, for my part, to take this chance. Care must be taken, however, when planning the routine book, that

procedures be kept as simple and as practical as possible, so that they may be carried out to the letter on the wards; otherwise this book and its contents are of little value.

I have tried briefly to bring to your attention what I consider the four essential factors in the correlation of ward and classroom teaching, namely:

The instructor of the practice of nursing.
The ward supervisor and the ward.
The staff conference.
The ward manual or routine book.

No doubt there are other factors which might be mentioned, but it is hoped that these few practical suggestions may serve to stimulate thought, and bring about discussion.

* * *

TEACHING SURGICAL NURSING

EDITH BOLTON, Reg. N., Western Hospital School of Nursing, Toronto.

Supervision is a matter of rendering expert service to those who are supervised, in response to their felt needs, and the test of its effectiveness is the spontaneous or voluntary return of the student to the supervisor when in need of further supervision. There are four major functions concerned in supervision —inspection, training, guidance, and research.

Let us suppose our students are assigned to a surgical ward for a period of 24 weeks, as follows:

General duty (including serving of diets)	3 weeks
Preparation of patients; pre-operative and post-operative care	3 weeks
Medicines and treatments; including preparations for infusions, and clysis and blood chemistry	3 weeks
Assistant dressing nurse	3 weeks
Dressing nurse	4 weeks
Senior nurse	4 weeks
Night duty	4 weeks

Thus we have a continuity in the nursing care, the patient being nursed from a curative rather than from an experimental angle. The patient's recovery depends a great deal on the nursing skill exercised, and an adequate surgical experience is of fundamental importance in the preparation of a good obstetrical nurse.

One of the essential qualifications of a student for surgical nursing is personal cleanliness, including the care of hair, hands, fingernails and clothing, as well as the prevention of all body odours. She should be conscientious, tactful and scrupulous. It is on this service that she acquires the fundamentals of surgical technique and the principles of aseptic surgery which have been passed down to us by Pasteur and Lister. She should be well versed in the use of antiseptics and disinfectants and familiar with the definition and classification of each. She should develop an inquiring state of mind.

It is essential that every case on the ward be explained to the student nurse, either by the head nurse or supervisor. Patients must be treated as individuals and not merely referred to as "cases" or "bed so and so." If a student is familiar with the etiology, symptoms and prognosis, and has an appreciation of the significance of the laboratory findings and treat-

ment, as well as a thorough knowledge of the nursing technique and the principles underlying it, the patient will necessarily mean more to her and she will be more successful in nursing him. The stronger the interest, the greater the effort.

The most interesting and vital teaching centre of any hospital is the ward. This in itself makes adequate ward supervision imperative. Nursing procedures such as preparation of patient for operation, infusions and clysis, can best be demonstrated on the ward and it is quite evident that the teaching of this particular phase of nursing can only be brought about through co-ordinated plans of ward teaching. The nursing care of the post-operative is of vital importance. The nurse should be encouraged to be keenly observant regarding such points as colour, nausea and vomiting, pain, distention, oral care and respiratory irritation, especially following spinal anaesthesia. Dressings and treatments should be scrupulously carried out and observation during convalescence must not be neglected.

In brief, post-operative complications consist of shock, hemorrhage, vomiting, thirst and restlessness. All these may be emphasized in the classroom, but it is on the ward, at the bedside of the patient, that the importance of *observation* becomes a reality to the student.

It is important to see that the students put into practice the instruction given them in the classroom and to impress them with the fact that their work is being criticized favourably or unfavourably, but, at the same time, to refrain from creating the impression that they are being observed for the purpose of fault-finding. Thus it is most essential that the instructors and head nurses co-operate. Frequent conferences of instructors and head nurses to demonstrate and discuss nursing procedures are advisable.

The case study method is one of the best ways of developing a nursing appreciation. These studies impress upon the student that each patient is a sick individual. They develop the student's observation and stimulate her interest, thus giving her a wider understanding of her patient and ensuring intelligent nursing care. Case studies of the following conditions will necessarily imprint upon the student's mind the basic principles which we are continually endeavouring to emphasize:

Basedow's disease.
Gall bladder conditions.
Nephrolithiasis.
Hernia.
Carcinoma.
Peptic and gastric ulcers.

There are three kinds of learning going on simultaneously. One kind is concerned with acquiring skill in doing a procedure or mastering a technique—this is often over-emphasized. Secondly, the students are forming attitudes toward patients, supervisors, officers and the entire profession. Good attitudes strengthen the character of the student. The third kind of learning consists of all those which grow out of the present tasks and stimulate one to think beyond them. It is here that many of us fail. The sum of the three learnings is concerned with the pupil's whole life. Therefore, if we considered *less* the general appearance of the ward and the corners of the beds, and *more* the growth of the student's knowledge of her whole work, nursing would be carried on much more successfully.

Department of Private Duty Nursing

CONVENER OF PUBLICATIONS: Miss Jean Davidson, Paris, Ont.

YOUR FUTURE AND YOU

REBA RIDDELL, Reg. N., Britannia Heights, Ontario.

We have heard very much of late about that invisible and most indefinite thing called prosperity which is hiding somewhere around the corner and may at any moment become visible. Along with this prophecy we also hear a great deal about normal and abnormal conditions and our possible return to normality. I find myself wondering: Just what conditions are normal within the Nursing Profession? What shall we return to? Have we found our level?

From our recent *Survey* I can see only an increasing demand for a more elevated and a broader field. We read of the necessity for a higher average intelligence, more preliminary education, an extended curriculum, shorter hours, graded salaries, classified students, case specialists and public health programmes, along with the immediate necessity for the socialization in some form or other or our health services. What does the average nurse know of these things? How much does she care?

There are a few who are making an effort, looking for cause and effect, but the great majority and especially the younger graduates, are leaving the organization and readjustments to someone else, to anyone who is willing to take the lead. The medical profession and the laity can aid in our advancement with their suggestions and support but they cannot supply the foresight and leadership that must come from the ranks of the profession itself.

A born leader is specially gifted and may have a more immediate and far-reaching influence for good or evil in this world than any genius of the more secluded talents. A leader is a leader wherever she goes, regardless of the glory and intelligence that may or may not inspire her motives and ideals. A good nurse, in any position, is never through with reading and studying, but the need of definite and increasing knowledge is deepened for those who are directing and guiding the purpose of others.

The executives of tomorrow must rise from the ranks of today's young graduates, and yet among the hundreds of these young women there are only the few who realize and accept nursing as a career in the full sense of its unlimited field of responsibility and endeavour. Is there not a continual challenge of infinite appeal in a work which is so closely linked with all that is vital and frail in the human race?

Obviously we cannot all be public heroines but each and every nurse is a member of some community, an influence in her own circle, and her thoughts and behaviour are directly reflected in the attitude of those around her. Ambition spells progress but habitual discontent is a menace to clear

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario

thinking and frustrates honest endeavour. We are all able and ready to complain of existing conditions and to criticize those who are trying to improve them, but too few of us are willing to join forces with the workers and help to push things along in the way we want them to go. In how many communities are the meetings of the various nurses' organizations found to be well or even moderately well-attended and how many of those who do attend have the courage or the desire to express an honest opinion? Yet it is mainly in the combined strength of the effort contributed by each individual member that we, as a profession, can master the present needs and prepare for future progress.

Progress! What is the true meaning, the real value, of progress to us, not only as nurses but as human beings? It is not, I hope, to acquire an efficiency in giving less and getting more but rather to ever increase our abilities and intelligence that we may live the best and give the most.

To live the best we must attain to healthy working conditions with a happy appreciation of the finer things around us. The hours on duty, as existent in the present system, are too long. A regularly employed nurse loses in vitality and energy what she gains in experience. She is habitually weary, her rest is spasmodic, and she has neither the time nor the desire for the healthier recreations. A regular eight-hour day with one free day a week would seem to settle so much of the too prevalent discontent, but to every question of moment there is the for and against. How are we to get what is best of what we want? By organization! The *Survey* states:

> The nursing profession is still sadly lacking in unity of spirit, yet organized co-operation of nursing forces, scientifically directed and administered and largely controlled by a central council of nurses appears to promise the most effective solution for the nursing needs of the hour.

Everyone naturally desires to acquire a sense of superiority and to have a store of treasure in knowledge and skill. Yet the master-key to human happiness is not in receiving but in the joy of giving. To learn the pleasure of giving not only of our talents but of ourselves, to learn to minister, not as a sacrifice but as a thanksgiving, this is to enlighten the lives of others, which is happiness.

The nursing profession today is not confined to any one type of routine work. There are positions in variety to satisfy every taste and every talent. Now is the time to take stock and each nurse owes, to the profession and to herself, a meditation on her own behalf. Are you in the branch of the work best suited for you and your abilities? Let us with returning prosperity find ourselves in the place we ought to be and enter with renewed vigour, heart and soul, into a work which must answer the call of public necessity.

Nursing is not merely a means of earning a living. It is an opportunity, a challenge, to a broader, happier life where that feeling of futility of effort is unknown and every step is up. In seeking happiness for ourselves let us not forget that in every branch of this great service there is the need for a humane touch and let us strive to realize that love suffereth long and is kind.

Department of Public Health Nursing

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RELATION BETWEEN THE SCHOOL NURSE AND THE TEACHER

ANNA E. WELLS, Reg. N.,
Health Education Service, Department of Health and Public Welfare, Province of Manitoba.

It is a great moment in my life to be here in a country old in traditions and established customs, as a representative of a newer land where two nations are still in the making. And it is with some misgiving that I attempt to discuss with you here in France, the relation between the school nurse and the teacher. It is here that health work in the school had its birth. Across the Atlantic, school nursing is still in the age of growing pains, which we are prone to regard as a stage of growth and development. And so if I bring to your attention certain problems that are not within your own experience, I hope that you will consider them, nevertheless, as situations that may affect the trend of school nursing.

Day by day we are engrossed in our own particular fields of work, but during the year of the Congress we are invited to look beyond national boundaries, and in so doing, discover that we are being led to think internationally. Today we find ourselves wondering how teachers and nurses work together in different parts of the world. For, of course, there are teachers the world over, and school nurses are becoming an ever-increasing army of indispensable health workers. While differences in teaching and school nursing undoubtedly exist in the various countries, it seems to me we can assume that the fundamental principles of both services are the same everywhere.

The teacher's duties and responsibilities are definite with regard to the guardianship and education of her pupils during the school period. The success of her work depends upon her own fitness for it, upon the capacity of her pupils for learning, and upon certain conditions that favour the process of learning—at home as well as at school — in other words upon soundness of body and mind, and healthful environment. If successful scholarship waits upon health, then the teacher is vitally concerned about her pupils' state of health, their home conditions, the safety and sanitation of the school plant, and the training of pupils for healthy living. Unfortunately, in the Western World (and it may be true elsewhere), an overcrowded programme of study sometimes blurs the vision of teachers in health matters, on account of their anxiety to meet the demands of the fateful examinations which determine success or failure of pupils in scholastic attainment; but who can blame teachers when their livelihood so often depends upon their criterion of good work?

What if the livelihood of school nurses depended entirely upon a

An address delivered at the International Congress of Nurses, Paris and Brussels, July, 1933.

similar basis of judgment? An interesting speculation in considering the relationship between teacher and school nurse! Still, we know that few children are equal in preparation for school life. Furthermore, we know that this is the basic motive for school nursing, and that school nursing as we know it today has been the outcome of vision and willingness on the part of the nurse to take advantage of every opportunity to help the teacher and the teacher in training.

You are too familiar with the duties and responsibilities of school nursing for me to take up your time in enumerating them. I would like to mention, however, the valuable work of the *National Organization for Public Health Nursing* in the United States, in keeping the aims and functions of a school nursing service clearly defined during these times of rapid change. Generally speaking, the school nurse watches over the health and assists in promoting the well-being of school children. Actually, in trying to carry out these aims she is led into other fields not strictly within her jurisdiction. This is probably why the question of relationship between teacher and nurse is so important.

The success of the nurse's work depends entirely upon her ability to discover conditions that are harmful to the welfare of those in the school, and to meet or overcome them in a way that is satisfactory to herself and to all with whom she works—much easier to say than to do, human nature being what it is. Thus the relation between teacher and nurse is influenced by the conditions in the school and school district. Certainly these conditions bring them together as partners in the common enterprise for developing healthy and happy childhood.

In the past, school nurses have discovered unsanitary conditions in the school, unhygienic management of the child's daily routine in the school; the unfitness of children for school life, the need for health training of pupils, and the need for better preparation of health teachers. They have also helped parents to become aware of the necessity for close co-operation with the school, and of its influence on the lives of their growing boys and girls. In these and many other ways, school nurses have blazed the trail in making health a vital quality in the life of the school, instead of a subject to be studied in the abstract. In doing all this, they have inspired teachers and have earned their confidence, which made less difficult the task of carrying out plans for improvement. Many of these plans were expedients. Teachers were startled into perceiving defects and communicable disease. They were unprepared for practical health teaching; however, this situation has been altered.

The teacher of today understands better how to deal with unhealthful conditions in the school. Now, we have higher standards of health requirements on the one hand and financial stress on the other; consequently more is being demanded of the teacher in the health programme of the school and this in turn affects the relation between the teacher and the school nurse. This brings me to a question that is worthy of your consideration today. In view of swiftly changing conditions, are we meeting or planning to meet them in a way that will strengthen the bond between teacher and nurse?

Let us take the question of health supervision. Thus far, it has been the duty of the nurse to find pupils who required medical

attention, and to assist with arrangements for remedial measures; and how often she has gone blithely on her way with the parents, the doctor, the dentist or the school trustee, without much thought as to the teacher's interest in the matter. The tendency now is to have the teacher make inspections and call on the nurse only when she thinks her help is needed. The teacher is being asked also to secure the co-operation of children in the correction of their individual defects, and even to follow up children who need treatment. In addition, if she is very interested in this work, we may find her arranging for community activities to raise funds for the treatment of needy children—a prerogative previously possessed by the nurse.

Let us consider next the question of health teaching. In time past, the teachers were not sure of their knowledge, as indeed few nurses were, in trying out the various methods for making health lessons interesting and practical when called upon to take part in the classroom teaching. Nurses with vision, who had no preparation for teaching, soon rose to the occasion, however, for in the health education of children they recognized a means of great worth in advancing the health of the people. Gradually the significance of health training in education was recognized, and in consequence it has come to be regarded as a part of the teacher's obligations.

In both of these instances we see that the teacher is gradually being given work that was formerly done by the nurse; and the nurse (who is also a victim of economic conditions) is being given work over a wider area. What effect do you think this will have on the relation between teacher and nurse? Will it lessen the influence of the nurse in the school? I think not. If the nurse has worked very closely with the teacher, showing her how to recognize unhealthy conditions, enlisting her co-operation in activities connected with the health of children, and showing her how to carry on alone without continued aid—the teacher's knowledge and self-dependence in health matters have been built up by degrees, until she feels equal to the task imposed upon her.

However large the area that a nurse may have to serve or how well organized a school health programme may be, there still remains a need for the stimulus and encouragement of the nurse which comes from an understanding and appreciation of the teacher's opportunities and difficulties in guarding and guiding her pupils. This is true particularly in the question of health teaching, inasmuch as health education is judged to be the basis of public health work. It seems reasonable then, to believe that the interest and guidance of the nurse has a leavening quality upon health activities supplied by no other agent in the school.

To sum up, the relation between the teacher and nurse is governed by these elements:

Understanding the policies of the organizations directing the school and the school health programme.

Understanding the division of responsibility between the teacher and nurse.

The recognition of a common purpose by the teacher and nurse, with mutual confidence in their aims and work.

The willingness of both to make use of the knowledge and experience of each other.

Establishing well-defined procedures for health activities requiring uniformity of method so that there may be safety and efficiency. Establishing a means of contact that both teacher and nurse may have the opportunity to learn and understand each other's work and problems.

In connection with this last point, health workers who have

studied the efficacy of school nursing suggest that this interchange of knowledge and opinion between the teacher and nurse is essential, not only to carry out the aims of health programme, but also to determine whether or not methods used by both are achieving the desired results. How else can they supplement the work of the other, or recognize the value of each other's contribution? For instance, does the teacher know:

About the sanitary requirements of the school plant?

About the methods for communicable disease control and prevention, or how to give first aid?

How to apply the principles of health to the daily management and activities of the school?

About the findings of the school physician or nurse regarding her pupils, and understand the implications of these to her work?

How to plan health instruction according to the needs and living conditions of her pupils, or how to promote pupil activity in daily health practice?

How to assist the nurse with her duties in the school so that the nurse may accomplish them with a minimum of effort and time, thereby releasing her the ever-pressing duties outside the school?

Where and how to reach the nurse when unusual difficulties beset her, or how to use the information given to her by the nurse, whether it be about health facts, the home conditions of the pupils, or community health activities?

In rural districts, the nurse's visits to the school are likely to be few and far between. In urban districts, the nurse's work in the school is hedged in by daily routine. Thus on the one hand there may be lack of close contact which fosters indifference and sometimes misunderstanding, and on the other there may be blind routine which has such a narcotic effect even on the best health workers. Perhaps these difficulties may be the cause of some of our growing pains in school nursing.

My duties bring me into close touch with school nurses (in generalized and specialized service), and teachers in rural and urban schools, which has given me the opportunity of knowing their difficulties and understanding their attitudes towards one another. May I therefore give you some idea of the light and shade in their relationship as I have been permitted to see them.

The first incident is about a school nurse who was anxious to obtain the co-operation of a teacher who had manager her school and solved its health problems for ten years without the help of a nurse. Under the circumstances it was not an easy thing to do. She did it nevertheless after much wasted effort, merely by the simple device of seeking the teacher's counsel and making her feel that she had an important place in health work. This teacher did not wish for flattery, but she did consider herself a co-worker of the nurse, and through receiving this recognition she became a staunch supporter of school nursing during a trying period of demonstration. On another occasion I suggested to a principal that he call on the school nurse to aid him in solving a health problem connected with school administration. "I wouldn't dare do that. She would want to manage my school for me entirely!" When I questioned that remark he replied "Of course she can't help it. You see she was a head nurse in a hospital before she took up school nursing."

In another school, where the school nurse was concerned about health instruction of senior pupils, the principal found it impossible to arrange for it during school time; but he suggested that as the pupils were anxious to obtain this instruction, the teachers would be willing to give it with the assistance of the nurse after school

hours. Surely a happy relationship when there was such a desire to surmount all obstacles. In contrast to this was the attitude of the teacher who felt that her health work was unappreciated. In viewing some very fine nutrition charts, I remarked how useful they would be to nurses for their work. It was a shock to hear her say that she wondered if the charts were worth the effort since no one was apparently interested in them except the students who made them.

Perhaps it will be difficult for you to believe that once a teacher said to me with a sniff, "Well, school nurses are all right in their place, but not in my classroom!" "But why are they not welcome in your room?"—a question I regretted as soon as spoken, for then she recounted a series of unpleasant experiences with a nurse which had fully convinced her that nurses belonged in the school clinic but were aliens in the classroom. Said another teacher, "Why can't our school nurse let me know when she is going to make a classroom inspection? She used to tell me when she was coming, but now she sails in at any hour; and I dread her coming, because she is never pleased with my children, and they do try so hard." And this from a discouraged nurse, "I don't think I'll ever get to the point where my teachers will completely understand what school health work really means. I start in September, and just when I've got my school work lined up, then the teachers change and I have to start all over again," — another problem over which the nurse has no control, but one that still holds a promise of continued work elsewhere.

Just one more incident, and this is one I would like you to remember. By way of encouraging a young teacher from a particularly difficult rural district, I remarked on her courage in taking charge of a school in such an area. "I only went to that district to teach because I heard that a nurse was there," she said. "I couldn't have stood it if she hadn't been my counsellor, guide and friend. Just to know that I could see her and write to her about my troubles, meant more to me than she will ever know." This teacher and nurse formed a relationship, perhaps quite unconsciously, that I believe is the basis for overcoming the difficulties that we have today.

No matter what changes may occur in the school health programme, no matter what responsibility may be shifted from nurse to teacher: where there is a spirit of helpfulness, of thoughtfulness and warm sympathy, where there is mutual respect and understanding—there we shall find that fine *esprit de corps* that we know now to have been the vital element in pioneer school nursing. Given a fitness for the task, this spirit of goodwill in both teacher and nurse will somehow find a way to overcome any difficulty there may be in getting together, and in planning and working together—in short, to bring about a satisfactory relationship so necessary for effective work.

Let us not forget then in our present striving for knowledge and swift action, that the relation between teacher and nurse is born in a common purpose, and depends for good or ill upon the quality of the heart as well as the faculty of the mind.

Back of the tool is the workman's arm
And back of the arm is the force,
And back of the force is the spirit of man
That guideth the tool in its course.
And it isn't his pride in the tool or the art,
But the prayer on his lips and the hope in his heart
That the work which he does may be worthy to lay
On the altar of God at the end of the day.

Book Reviews

PUBLIC HEALTH NURSING IN INDUSTRY, prepared for the National Organization for Public Health Nursing. By Violet H. Hodgson, R.N., Assistant Director, National Organization for Public Health Nursing. 249 pages. Illustrated. Published by the Macmillan Company of Canada, 70 Bond Street, Toronto. Price, $2.10.

The material in this book is well organized for easy reference, presents current practices and procedures that have been found successful in modern industrial nursing and lays special emphasis on the opportunities for health education in this field. This is the first time that an effort has been made to present the industrial nurse's job from the point of view of its objectives, methods of arriving at these objectives and responsibilities and opportunities of the personnel involved in working toward such goals.

An extended review will appear in an early issue of the *Journal*.

NUTRITION IN HEALTH AND DISEASE FOR NURSES, by Lenna F. Cooper, B.S., M.A., M.H.E.; Edith M. Barber, B.S., M.S.; Helen S. Mitchell, B.A., Ph.D. Octavo. 102 illustrations. 588 pages. Fifth edition revised. Price, $3.50. Published by the J. B. Lippincott Company, Philadelphia; Canadian Office, 525 Confederation Building, Montreal.

This book includes the prevailing practices of leading physicians in the field of nutrition as applied to health and disease; the preventative and remedial aspects of nutrition have been emphasized throughout. The needs of the bedside nurse have been kept in mind, and also the problems of the public health nurse who must cope with poverty, racial preferences, and established food habits as complicating factors.

The content is arranged to cover two courses. Parts one, two and four comprise the subject matter for the first course: *Principles of Nutrition and Cookery*. Part one consists of fifteen one-hour class periods, devoted to the principles of nutrition. Part two consists of fifteen short lessons on foods and is intended to cover the first half-hour of a two-hour laboratory period, the remaining one and one-half hours being devoted to food preparation, the recipes for which are supplied in part four. These recipes are in small quantities suited to cooking for one patient.

Part three consists of thirteen one-hour lectures constituting the second course: *Diet in Disease*. This allows for one hour of review and one hour for examination in a fifteen-hour course.

An extended review will appear in an early issue of the *Journal*.

GYNECOLOGY FOR NURSES, by George Gellhorn, M.D., F.A.C.S., Professor, Clinical Obstetrics and Gynecology, Washington University School of Medicine; Gynecologist, Barnard Free Skin and Cancer Hospital; Gynecologist and Obstetrician, St. Luke's Hospital; Associate Gynecologist and Obstetrician, Barnes and St. Louis Maternity Hospitals; Consulting Gynecologist and Obstetrician, Jewish and St. Louis County Hospitals. Second edition, revised and enlarged; 294 pages; 145 illustrations. Price, $2.35. London and Philadelphia: W. B. Saunders Company. 1933. Canadian Agents: McAinsh & Co., Limited, Toronto.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary

The Florence Nightingale Memorial Foundation:

At the Seventh Congress of the International Council of Nurses, 1933, the Grand Council adopted the report of the Florence Nightingale Memorial Committee, presented by the Chairman, Mrs. Bedford Fenwick. In this issue of the *Journal* Miss Jean I. Gunn tells Canadian nurses of this international project.

At a recent Canadian Nurses Association Executive Committee Meeting, the I.C.N. report of the Florence Nightingale Memorial Committee, received careful consideration following which certain recommendations were approved. These were:—

1. That the Executive Secretary of the C.N.A. be asked to send to each Provincial Association two copies of the Report of the I.C.N. Florence Nightingale Memorial Committee adopted at the recent meeting of the I.C.N. Congress in Paris; that is, one copy for the President, the other for the Secretary (the latter to be given to the Convener of the Provincial Florence Nightingale Memorial Committee when appointed).

2. That it be made clear to Provincial Associations: (a) That the C.N.A. is committed to participation in this international educational project; (b) That the degree of participation is an open matter, we have but promised to do what we can.

3. That the Florence Nightingale Committee of the C.N.A. be increased to include a member from each Provincial Association who will (it is recommended) act as convener of a Provincial Florence Nightingale Committee.

4. That the Executive Secretary C.N.A. communicate with each Provincial Association indicating this request and asking that she be advised of the name of such an appointee so that the Convener of the Florence Nightingale Memorial Committee of the C.N.A. may be notified of the personnel of the enlarged committee.

5. That when provincial committees are appointed each convener shall notify Miss Grace Fairley, Vancouver General Hospital, Vancouver, Convener of the Florence Nightingale Memorial Committee C.N.A., regarding plans which the provincial committee may entertain for raising funds for this project through either individual or group effort or both. It is suggested that funds might be contributed over a period of years.

6. That the President of the C.N.A. be asked to communicate with Dr. Biggar, Canadian Red Cross Society, asking him concerning the probable participation of that organisation, national and provincial, and that she report upon this matter to the next Executive Meeting of the C.N.A. In the meantime the provincial committees will proceed with nursing personnel only.

7. That the Convener of the Florence Nightingale Memorial Committee C.N.A. and the President of the C.N.A. be appointed as the two representatives of the C.N.A. on the Grand Council of the Florence Nightingale Memorial Foundation and that the Convener of the Florence Nightingale Memorial Committee I.C.N. be notified of these appointments.

8. That the attention of the Canadian profession be called to an article on the Florence Nightingale Memorial Foundation written by Miss Jean I. Gunn for the November number of *The Canadian Nurse*.

Provincial Activities

A synopsis of the interim reports submitted to a meeting of the C.N.A. Executive Committee on September 21st, 1933, shows that even during the vacation period interest is maintained in provincial groups.

In *Alberta* the preparations for the annual meeting of the Alberta Association of Registered Nurses, on October 11th and 12th, kept the various committees busy.

The Graduate Nurses' Association of *British Columbia* reported "progress along lines of work undertaken by various committees."

Since *Manitoba's* previous report was received, the Board of the Manitoba Association of Registered Nurses appointed a Committee to enquire thoroughly into the financial condition of the Manitoba Nurses' Central Directory. The Board has recommended the appointment of Miss Winnifred Grice as Assistant Registrar of the Manitoba Nurses' Central Directory. Miss Grice is a graduate of St. Boniface Hospital School of Nursing, 1922, and of the School for Graduate Nurses, McGill University, 1933. The Interchange of Nurses Scheme remains in operation. The M.A.R.N. is offering a prize to the nurses who have taken the interchange work, for the best essay describing the work these nurses have been doing, the benefits they have derived from the work and the criticisms, if any, they have to offer.

The annual meeting of the *New Brunswick* Association of Registered Nurses was held in St. Stephen on September 12th and 13th. Resolutions adopted:—

"1. That Miss Murdoch and Sister Camillus be appointed to function as a committee on the exchange or interchange of nurses for New Brunswick.

"2. That a committee of three, representing the Hospital, Private Duty and Public Health groups, be organized in every Chapter to work with the Provincial Committee on *The Canadian Nurse* and that the Provincial Committee on *The Canadian Nurse* include the Provincial Secretary-Treasurer.

"3. That the fee rate for private duty nursing remain unchanged."

Miss Mabel McMullin, of St. Stephen, Chairman of the Private Duty Section, was appointed a delegate from the N.B.A.R.N. to the C.N.A. Biennial Meeting, 1934.

In *Nova Scotia* the annual meeting of the Registered Nurses' Association was held in June. Forty-five members enrolled for an Institute on Administration and Teaching in Schools of Nursing, June 12th to 16th, in Halifax. An Institute on Maternal Care was held in Sydney on September 14th and 15th, and in Halifax on September 19th and 20th; these Institutes were conducted by Miss Ethel Cryderman of the Central Office, Victorian Order of Nurses in Canada. Legislation has been passed by which the Provincial Grade XI Certificate of Education will be required from all applicants for registration after October 31, 1936; Grade X will be required in 1934. A Branch of the R.N.A. of Nova Scotia has been organized for Pictou County. The annual fee for membership in the R.N.A.N.S. has been reduced to three dollars.

At the annual meeting of the Registered Nurses' Association of *Ontario* it was decided that a loan of three hundred dollars be granted to a student entering the School of Nursing, University of Toronto in September, 1933. An applicant with required qualifications has been granted the loan by the Committee appointed to receive applications. The membership of the R.N.A.O. shows an appreciable increase.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: The Calgary Association of Graduate Nurses held its annual meeting on September 19, the President, Miss P. N. Gilbert, in the chair. Annual reports were read and in spite of the difficulties encountered during the past two years, the outlook seems brighter than for some time. In view of the fact that the Registry has been discontinued for the present owing to conditions, a notice was given of a motion for the reduction of membership dues, to be brought in at the next meeting in October.

A hearty vote of thanks and appreciation of her work in the Association was given Miss Harriet Ash, the retiring supervisor of the V.O.N., in Calgary. In moving this vote of thanks Mrs. F. V. Kennedy said that Miss Ash had been a member practically since she came to Calgary, nearly eighteen years ago, and her sympathy and ready help in all matters had been of the greatest help. She had not only been a member herself but she had encouraged other nurses, particularly her staff, to be members and take an active part in the Association. All the members felt a reflection of the warmth of the glowing tributes which had been paid Miss Ash during the past few weeks both by the medical profession and the laity as a result of her long and faithful service. Miss Ash spoke briefly in reply and gave some valuable hints outlining a new programme by which the Association might go forward to renewed usefulness. The president, Miss Gilbert, spoke of the Convention of the Provincial Association to be held at the Palliser Hotel, October 11-12, and reminded all nurses that it was their duty and privilege to be present. Mrs. D. M. Calder, a former president, spoke on some ways by which money had been raised in the past. The International Congress of Nurses, held at Paris and Brussels during the summer, was also discussed and a short description given of the historical pageant at Brussels in which the nurses representing Florence Nightingale carried the identical lamp used by Miss Nightingale in the Crimea.

EDMONTON: At the September meeting of the Edmonton Graduate Nurses Association, Miss K. Brighty, recently returned from the International Congress of Nurses, took those present on a sketchy trip to Paris, Brussels and England, touching on the inspiration derived from such a gathering and the hospitality and beauty of the cities visited.

Of interest to the Lamont Public Hospital graduates was the class re-union 1922, held in honour of a visit from Miss Ada Sandal as she journeyed back to Korea, after spending a year's furlough in Eastern Canada. The week's activities included a dinner for the class, at which the superintendent of nurses who entered the class and the superintendent who completed their course, were guests. (The favours were chop-sticks from Korea). A luncheon given by the hospital staff and a picnic marked a day not soon to be forgotten, when forty doctors, nurses, wives and husbands, met for a most happy get-together time in that ideal beauty spot—one of Alberta's government game preserves and a gem of nature's beauty—Elk Island Park. Miss Sandal returns to Korea to carry on her work as superintendent of nurses in the Canadian Mission Hospital (United Church), Hamheung, Korea.

On October 1-2, the nurses of Edmonton were privileged in meeting Miss Ethel Johns, Editor of *The Canadian Nurse*, who was on her way to Vancouver and Calgary to attend the Provincial Conventions. A tea at the University Hospital and luncheon at the Royal Alexandra Hospital brought staff nurses in closer touch with our own nursing magazine and its need—more subscribers. The talk given at the Royal Alexandra Hospital on *The Ideal Head Nurse and Her Opportunities*, will, we trust, not soon be forgotten by those who were present. Perhaps the most important of these informal gatherings was held in the form of a banquet, when fully one hundred nurses, many of them married and not in active nursing service but who still retain their interest in the work, met to hear of nursing problems in other lands and of what the Rockefeller Foundation is doing, and has done, to help the weaker nations.

LETHBRIDGE: The Lethbridge Graduate Nurses Association held a very successful bridge at the Nursing Mission on Friday, September 29. Thirteen tables of bridge were played, after which a dainty luncheon was enjoyed. The proceeds from the bridge will be used in the Relief Fund.

BRITISH COLUMBIA

VANCOUVER: The first meeting of the season of the Alumnae Association of the Vancouver General Hospital took place recently, with the President, Miss Mary McPhee, in the chair. Following the regular business and committee reports, it was decided to have three evenings for entertainment during the fall months, one evening each devoted to bridge, theatre and baseball, and the proceeds given to various activities of the Association. Regular meetings will be held on the first Tuesday of every month for the rest of the year, beginning Tuesday, October 3.

MANITOBA

BRANDON: The opening meeting of the Brandon Graduate Nurses Association, presided over by the new president, Miss E. G. McNally, was held at the nurses residence, Brandon General Hospital, Tuesday, October 3, forty-two being present. At the close of the business meeting the Brandon General Hospital group took charge, Miss Brigham introducing the guest speaker, Mrs. D. Johnston (née. Miss Dorothy Hawes, B.G.H., 1925), whose address, *Life in the Phillipines*, was made most interesting by lantern slides. Lunch was served by the Brandon General Hospital staff nurses, bringing to a close a most enjoyable meeting.

NEW BRUNSWICK

SAINT JOHN: The annual meeting of the local Chapter of the New Brunswick Association of Registered Nurses was held in the nurses residence of the Saint John General Hospital, with a large attendance. Reports told of much activity during the year in which the members had much appreciated a special course of lectures given by the local doctors. The usual amount was donated to the Free Milk Fund. The following officers were elected: *President*, Miss A. A. Burns; *First Vice-President*, Mrs. Van Dorser; *Second Vice-President*, Miss Ella McGaffigan; *Secretary*, Miss Clara Sabeau; *Treasurer*, Miss Margaret McJunkin; *Registrar*, Miss Martha Fraser; *Committee Conveners: Sick* Nurses Benefit Fund, Miss E. J. Mitchell; *Public Health Section*, Mrs. Van Dorser; *Private Duty Section*, Miss Lillian Wilson; Representatives to *The Canadian Nurse*, Misses Reicker, Gleason, Bardsley, Wallace, and Mrs. A. O. Burham.

The graduation of the St. Joseph's Hospital took place on September 6, in the St. Vincent's Auditorium. The thirteen graduates were: Misses Irene Crome, Alice McGourty, Mary Coulogne, Marion Caithness, Winnifred Mooney, Kathleen McCarthy, Helen Guilfoil, Patricia O'Rouke, Mary Kennessey, Marjory Savage and Bernatta McEachern. Miss Crome was the class leader. The address to the graduates was given by Dr. W. V. McDonald. The graduation was largely attended by doctors, parents and friends.

The Joint Study Committee representative of the hospital nursing and medical organizations of the province, met in the nurses' home of the General Hospital, with Dr. G. Stewart Cameron, president of the National Committee, and discussed many important topics.

Dr. and Mrs. Sharpe have returned from the West and are residing at Sussex, New Brunswick.

On September 23 and 25, the Saint John General Hospital Training School lost by death two student nurses, Miss Daisy McKay and Miss Elsie Montgomery. Deepest sympathy is extended to those bereaved.

NOVA SCOTIA

HALIFAX: At the request of the Registered Nurses Association of Nova Scotia, Miss Ethel Cryderman, Central Supervisor, Victorian Order of Nurses, conducted two very successful Maternal Institutes in Nova Scotia. The first was held at the City Hospital, in Sydney, September 14 and 15, where the attendance was twenty-two; the second at the Children's Hospital in Halifax, on September 19 and 20, with an attendance of twenty-seven. Both these Institutes drew a very representative group of nurses—Public Health, Institutional, and Private Duty. Besides the very helpful and practical way which Miss Cryderman dealt with pre-natal and post-natal care, group teaching, etc., with exhibits to bear out her teaching, Miss Marjorie Bell, Director of Visiting Housekeepers' Association, Toronto, assisted at both Institutes dealing with the nutritional side of maternal care. Another attractive feature was the question box and general round table discussion. Dr. D. A. MacLeod in Sydney, and Dr. E. K. MacLellan in Halifax, very ably dealt with questions of medical significance. Practical demonstrations on post-partum and delivery care in the home were given by Miss Currie in Sydney, and Miss Lenta Hall in Halifax, both local Victorian Order nurses. As a happy conclusion to each Institute a very delightful tea was served, by the staff of the Sydney City Hospital and Miss Winslow, superintendent of Children's Hospital, Halifax, assisted by local association nurses. These Institutes have been a source of great help and inspiration to the nurses who were privileged to attend.

Miss J. Sullivan, graduate of Sydney City Hospital, has succeeded Miss Turner as superintendent of Harbor View Hospital, Sydney Mines.

Misses Amy MacKenzie, Flora Anderson, and A. Beaton of Glace Bay, have recently completed a three months' course in operating room work, in the hospital for Sick Children, Toronto.

Miss Seaman, Supervisor of the Glace Bay branch of the Victorian Order of Nurses, spent her vacation in Prince Edward Island.

Miss Clara MacKinnon, Miss L. Turner, Miss Jean MacKinley, recent graduates of the Glace Bay General Hospital, are attending McGill University, this term.

During the past year Cape Breton was glad to welcome Miss M. Ryan, from the staff of the Nova Scotia Sanatorium, as supervisor of the tuberculosis annex.

The St. Joseph's Hospital, Glace Bay, has completed during the past year, a very up-to-date addition to their hospital for the use of the employees.

ONTARIO

Districts 2 and 3

Brantford: The monthly meeting of the Florence Nightingale Club was held recently at the home of Miss T. Dawson, secretary of the club. Following a short business session, Miss Dawson told of her experience as Camp Mother at Camp Ruddy during the past summer. Plans were made to assist with the annual meeting of Districts 2 and 3, which is being held November 1.

At the Manufacturers' Exhibit held in Brantford recently, the Victorian Order of Nurses had an exhibit. The booth was appropriately decorated in red, white and blue bunting, and a picture of Queen Victoria was used. Posters, in regard to the work of the Victorian Order of Nurses, were on display. One booth was set aside for Mother League work, where five little girls gave demonstrations. During the past month the Victorian Order Nurses have made 553 visits to 89 patients.

Recently the Rotary Club held their weekly dinner at the Brantford General Hospital, at which time Dr. C. C. Alexander discussed the health of school children. The Crippled Children's Committee of the Rotary Club decided to include the provision of glasses for defective eyesight as part of their work. The Rotary Club presented the hospital with a very fine cripple carriage.

The annual meeting of Districts 2 and 3 will be held at Brantford, on Wednesday, November 1.

Miss E. M. McKee, superintendent, Brantford General Hospital, and Miss Majorie Buck, superintendent, Norfolk County Hospital, Simcoe, will attend the Hospital Standardization Conference, American College of Surgeons, October 9-12.

Miss Velma Hunt (B.G.H. 1928), is taking a post-graduate course at the Brantford General Hospital.

Miss C. Beaumont (B.G.H. 1930), has sailed for England, to visit friends.

Miss Mildred Neiderauer (B.G.H. 1925), who has been ill, is recovering and is at her home in Simcoe, Ontario.

Miss A. Fair (B.G.H. 1925), recently spent a week in Buffalo, the guest of Mrs. MacPherson (née Audrey Slater, B.G.H. class 1925).

Guelph: The Alumnae Association had an enjoyable Wiener Roast, Wednesday, September 20, being the guests of Mrs. McFarlane, near Arkell.

There have been several parties for Miss Rachel Speers, of the Guelph General Hospital staff, whose marriage to Mr. W. Fairweather takes place in October. Mrs. C. V. Pond and Miss Marion Wood gave a teacup and five o'clock teaspoon shower; the Alumnae Association, a kitchen shower; the staff party at Miss Helen Pettit's home in Burlington, and a bridge at Miss Wilma Grierson's.

Miss Whitmee is at the Ontario Hospital, Whitby, taking a one year post-graduate course in mental diseases.

Miss Winfield has spent the summer abroad and is now in England with Mr. and Mrs. E. Barraclaugh.

District 4

A meeting of District 4, R.N.A.O., was held on September 30, at the Mountain Sanatorium, Hamilton. After the routine business, Miss Sheridan, V.O.N., gave a most interesting talk on her experiences at the International Council of Nurses Congress. Dr. Aitcheson, a member of the Sanatorium staff, addressed the meeting on "Surgical Procedures in the Treatment of Tuberculosis", which proved very instructive, and was also much appreciated by all present. Following the meeting, Dr. and Mrs. Holbrook, and members of the staff, entertained at the tea hour.

Miss E. L. Chisholm and Miss P. M. Dart, members of the nursing staff of the Hamilton General Hospital, attended the I.C.N. Congress and afterwards enjoyed a very extensive tour in Europe, returning September 1.

Miss Eva B. Bennett (H.G.H. 1931, and post-graduate in public health nursing, Toronto University, 1932), who has been on the staff of the Out-door Department, Hamilton General Hospital for the past year, has resigned and been appointed Public Health Nurse at Simcoe.

District 5

The regular fall meeting of District 5 of the Registered Nurses Association was held at the Ontario Hospital, Whitby, on September 17. A large bus, holding about forty, and several private cars, brought the members from Toronto and Barrie. Following the routine business, reports of special committees were received: Miss Mary Millman, Convener of the *Arrangements Committee* for the Biennial Meeting of the Canadian Nurses Association to be held in Toronto in June, 1934, gave an interesting report. Miss Ethel Greenwood reported arrangements for a bridge to be held at the Royal York Hotel, Toronto, on October 14, to raise funds for the Permanent Education Fund.

Miss Kathleen Russell, speaking of the School of Nursing, University of Toronto, which is now an accomplished fact, with ten students entered for the new course, mentioned with gratitude the sum of five hundred dollars recently placed at the disposal of the school by District 5. The Graduate Nurses Club of Toronto, at the time of its disbanding, turned over its balance to District 5, in trust until such time as it might be used as a building or furnishing fund for a University Residence for Nurses. Owing to the far-seeing vision of members of the Graduate Nurses Club at that time this money has been a great delight to Miss Russell in her furnishing. Miss Nettie Fidler, superintendent of nurses at the Ontario Hospital, Whitby, outlined the post-graduate course in Mental Nursing which has been in operation during the past year. The meeting adjourned for an hour, during which a delightful tea was served by the hospital, to upwards of ninety guests. At the evening meeting, Miss Florence Emory, President of the Canadian Nurses Association, gave a vividly interesting account of high lights of the I.C.N., at which she so ably represented the National Association. Dr. George Stevenson, Medical Superintendent at the hospital at Whitby, gave an address on "Mental Hygiene as Applied to Ourselves."

Miss Jessie Thomson (1928), has been appointed resident nurse at Moulton College.

Miss Rose A. Roy, graduate on the P.H.N. course at the University of Toronto (1933), has gone to Blind River to take the position made vacant by the resignation of Miss Gertrude Stovel.

Miss Evangeline Ricard, also of the 1933 class in Public Health Nursing at the University of Toronto, has accepted the position of Public Health Nurse at Sturgeon Falls. This service had been discontinued for a period.

Miss Clara J. Forbes, who resigned from North and South Dumfries and Ayr a few months ago, has been re-engaged as Public Health Nurse. The service was discontinued during her absence.

Miss Gillies resigned from the town of Simcoe to be married and the work there is now being carried on by Miss Eva Bennett of the class of 1932 of P.H.N., University of Toronto. Miss Bennett has been in the Outpatient Department of the Hamilton General Hospital for the past year.

Miss Esther Hanna resigned her position at Capreol and was married at the end of June.

Miss Shearer resigned from the staff of the Provincial Department of Health, in August.

Miss Hopper of the staff of the Provincial Department of Health resigned in June. Her marriage to Mr. Frederick Shoemaker took place some time later.

Four nurses of the Provincial Department of Health, Mrs. Bagshaw, Miss B. E. Johnson, Miss K. E. Osborne and Miss M. E. Squires, are working in Dundas County at present. It is planned to extend this programme to include the counties of Stormont, Glengarry, Russell and Prescott.

District 8

Ottawa: Miss Gertrude E. Ferguson, Ottawa Civic Hospital (1931), has received her diploma, Teaching in Schools of Nursing, from McGill University and accepted a position on the staff of the Ottawa Civic Hospital.

QUEBEC

Montreal: The amalgamation of two of the oldest Alumnae Associations of Schools of Nursing in Canada offers at this time food for serious reflection, when we take into careful consideration the aims of such a union, which are as follows: (1) Strength to accomplish projects for betterment. (2) Mutual protection from adverse influences. (3) The moulding of ideals.

After half a century of outstanding service in the community the "Western Hospital of Montreal" became the "Western Division of The Montreal General Hospital" during the spring of 1924, and its School for Nurses, ceasing to function as such in 1925, became absorbed into the school which was founded by the late Miss N. G. E. Livingston in the Montreal General Hospital in 1890. A very delightful and comprehensive history of the hospital and its School for Nurses published by the Alumnae Association is available, and portrays these two splendid records of achievement: the fifty years of service to humanity on one hand, and the graduation of two hundred and eighty-four nurses on the other. During the past year, feeling that it might be to our mutual benefit, the members of the "Alumnae Association of The Montreal General Hospital School for Nurses" extended to the members of the "Alumnae Association of the Western Hospital Nurses" a proposition whereby their members might be enrolled into the larger fellowship with us, and by unanimous consent of its members, this proposition has been accepted and on October 13 the Western Hospital graduates were officially greeted as fellow members by the Alumnae Association of the M.G.H. during an informal reception held in the Nurses Residence. The guests were received by Miss E. Frances Upton, President, and Miss Mary Mathewson, Vice-President, with Miss Bertha Birch, President of the Western Hospital Association representing their confrères of that Association. We anticipate great accomplishments as a result of the union of these two veteran associations, many members of which became fast friends during our mutual experiences of the "World War."

MONTREAL: An important event in the history of the School of Nursing of the Royal Victoria Hospital took place on the afternoon of Thursday, September 28, when a very charming ceremony took place in the lovely drawing-room of the nurses residence. The occasion was a function to do honour to the first Lady Superintendent, Miss Edith Draper, who organized and opened the School. This tribute took the form of a presentation to the School of Nursing of a fine portrait, handsomely framed, of Miss Draper which portrays her as she appeared in uniform on duty. In her hand she is holding a textbook on *Materia Medica* that *bête noire* of our studies. To the frame is attached a brass plate with the following inscription: *Miss E. A. Draper, first lady superintendent of the Royal Victoria Hospital. Presented by devoted graduates.*

This gift was given to Miss Hersey, the present lady superintendent for safe-keeping in remembrance, for present and future students, of those earlier lights, who have done so much to grace the profession of nursing and raise it to an art in Montreal since this splendid hospital was established by famous men.

The guests were received by Miss Hersey and Mr. W. R. Chenoweth, superintendent of the hospital. A delightful tea was enjoyed after the hanging of the portrait. The list of invited guests was confined to those who served the hospital in the reign of Miss Draper, from 1893 to 1898, and therefore was necessarily limited. Dr. Edward Archibald, surgeon-in-chief, unveiled the portrait. Dr. W. F. Hamilton, the first visiting physician, made a happy speech and hung the portrait on the wall of the drawing-room where it was admired by all present.

Mrs. George Eedson Burns, who had acted as secretary-treasurer for this cause, read letters from distant graduates expressing their affectionate approval and loyalty. Then followed a very happy hour among those who had been separated for many years, recalling the halcyon days so full of joyous hours. The invited doctors and nurses were: Dr. C. F. Martin, Dean of Medicine, R.V.H. since 1894; Dr. Archibald, Chief Surgeon, R.V.H. since 1895; Dr. W. F. Hamilton, Consulting Physician, R.V.H. since 1893; Dr. A. G. Nicholls; Misses Goodhue, Lewis, Hall, Felter, Pomeroy; Dr. H. S. Shaw and Mrs. Shaw; Mrs. A. C. Hamilton, Mrs. Stanley, Mrs. McColl, Mrs. G. E. Burns, and Miss F. Upton, representing the Montreal General Hospital Alumnae Association.

SHERBROOKE: A happy occasion was the meeting on October 6 at the Nurses Home, Sherbrooke Hospital, when the nurses met to hear Miss E. Frances Upton, Reg. N., a former superintendent, who gave a very instructive and interesting talk on the nursing profession. There was a large and appreciative audience.

OBITUARY

CALLAHAN—On October 5, 1933, Ethel L. Callahan (Victoria General Hospital, Halifax, 1929), of the nursing staff of the Infectious Disease Hospital.

TOWSLEY—On August 7, 1933, Mrs. Harold Towsley, of New York (née Irene Dangerfield, Ottawa Civic Hospital, 1928).

BROWN—On September 16, 1933, Miss Margaret Brown, Reg. N., of Carleton Place, Ontario (Presbyterian Hospital, New York, 1912).

After graduating Miss Brown was Assistant Superintendent of Nurses, Troy, New York, and Superintendent of Nurses, Salem, Massachusetts. She received her degree of B.Sc., of Nursing from Columbia University, after which she was Surgical Instructor at Western Reserve University for two years, from which position she resigned in 1927 owing to ill health. She was superintendent of Cornwall General Hospital from June 1932 to June 1933 and was a recent and valued member of the R.N.A.O., district 8. Her death is a loss to the profession of a staunch supporter of its best traditions and highest ideals, and to those who were privileged in knowing her itimately of a warm and sincere friend.

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International Council of Nurses:

Secretary, Miss Christiane Reimann, 14 Quai des Eaux-Vives, Geneva, Switzerland

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Numerals preceding names indicate office held viz: (1) President. Provincial Nurses Association; (2) Chairman Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

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Nova Scotia:(1)Miss Anne Slattery, Box 173, Windsor, (2) Miss Elizabeth O. R. Browne, 612 Dennis Bldg., Halifax; (3) Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax; (4) Miss Jean S. Trivett, 71 Cobourg Road, Halifax.

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Graduate Nurses' Association of British Columbia

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District No. 8 Registered Nurses Association of Ontario

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1917)

President, Miss Edith Amos, City Hospital, Saskatoon; First Vice-President, Miss Ruby M. Simpson, Department of Public Health, Regina; Second Vice-President, Miss Helen B. Smith, General Hospital, Regina; Councillors, Miss Jean McDonald, 1122 Rae St., Regina, Miss Elizabeth Smith, Normal School, Moose Jaw; Conveners of Standing Committees: Nursing Education, Miss Gertrude M. Watson, City Hospital, Saskatoon; Public Health, Mrs. E. M. Feeney, Department of Public Health, Regina; Private Duty, Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon; Legislation, Miss R. M. Simpson, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss K. Lynn; Second Vice-President, Miss F. Shaw; Recording Secretary, Mrs. F. V. Kennedy; Corresponding Secretary, Miss K. Shore; Treasurer, Miss M. Watt; Convener Private Duty Section, Miss P. Gilbert; Registrar, Miss D. Mott, 2219 2nd St. W.

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss P. Chapman; Second Vice-President, Miss E. Fenwick; Recording Secretary, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton; Press and Corresponding Secretary, Miss Clow, 11138 Whyte Ave., Edmonton; Treasurer, Miss M. Staley, 9838-108th St., Edmonton; Registrar, Miss Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Miss M. Hagerman; First Vice-President, Miss Gilchrist; Second Vice-President, Miss J. Jorgenson; Secretary, Miss May Reid, Nurses' Home; Treasurer, Miss F. Ireland, 1st St.; Medicine Hat; Committee Conveners: New Membership, Mrs. C. Wright; Flower, Mrs. M. Tobin; Private Duty Section, Mrs. Chas. Pickering; Correspondent, "*The Canadian Nurse*", Miss F. Smith. Regular meeting first Tuesday in month.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Mrs. J. P. Gussin; First Vice-President, Miss M. Madden; Second Vice-President, Miss P. Gausner; Third Vice-President, Miss A. Houston; Secretary-Treasurer, Miss M. McLeod, Box 905, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Miss K. Sanderson, 1310 Jervis St., Vancouver; First Vice-President, Miss M. D. MacDermot, Preventorium, 2755-21st Ave. E., Vancouver; Second Vice-President, Miss J. Davidson; Secretary, Miss F. H. Walker, General Hospital, Vancouver; Treasurer, Miss L. G. Archibald, 536-12th Ave. W., Vancouver; Council, Misses G. M. Fairley, M. F. Gray, M. Duffield, J. Johnston, J. Kilburn; Conveners of Committees: Finance, Mrs. Farrington; Directory, Miss M. I. Teulon; Social, Miss M. I. Hall; Programme, Miss G. Archibald; Sick Visiting, Miss C. Cooper; Membership, Miss M. Mirfield; Local Council of Women, Misses M. F. Gray, M. Duffield; Press, Mrs. D. K. Simms.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. J. Herbert; First Vice-President, Miss D. Frampton; Second Vice-President, Miss C. McKenzie; Secretary, Miss I. Helgesen; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road, Victoria; Executive Committee, Miss E. B. Strachan, Miss H. Cruikshanks, Miss E. McDonald, Miss C. Kenny, Miss E. Cameron.

MANITOBA

Brandon Graduate Nurses' Association

Hon. President, Miss E. Birtles; Hon. Vice-President Mrs. W. Shillinglaw; President, Miss E. G. McNally; First Vice-President, Miss Janet Anderson; Second Vice-President, Mrs. Lula Fletcher; Secretary, Miss Jessie Munro, 243 12th St.; Treasurer, Mrs. M. Long; Conveners of Committees: Social and Programme, Mrs. Eldon Hannah; Sick and Visiting, Mrs. Rowe Fisher; Welfare, Miss Gertrude Hall; Press Reporter, Miss Helen Morrison; Cook Book, Mrs. J. M. Kains; Registrar, Miss C. M. Macleod.

ONTARIO

Graduate Nurses Alumnae, Welland

Hon. President, Miss E. Smith, Superintendent, Welland General Hospital; Hon. Vice-President, Miss M. Hall, Welland General Hospital; President, Miss D. Saylor; Vice-President, Miss B. Saunders; Secretary, Miss M. Rinker, 28 Division St.; Treasurer, Miss B. Eller; Executive, Misses M. Peddie, M. Tufts, B Clothier and Mrs. P. Brasford.

QUEBEC

Graduate Nurses Association of the Eastern Townships

Hon. President, Miss V. Beane; President, Miss H. Hetherington; First Vice-President, Miss G. Dwane; Second Vice-President, Miss N. Arguin; Recording Secretary, Miss P. Gustafson; Corresponding Secretary, Miss M. Mason, 151a London St., Sherbrooke, P.Q.; Treasurer, Miss M. Robins; Representative, Private Duty Section, Miss M. Morrissette; Representative, "*The Canadian Nurse*", Miss C. Hornby, Box 324, Sherbrooke, P.Q.

MONTREAL

Montreal Graduate Nurses' Association

Honl President, Miss L. C. Phillips; President, Miss Christine Watling, 1230 Bishop Street; First Vice-President, Miss Sara Matheson; Second Vice-President, Mrs. A. Stanley; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop Street; Day Registrar, Miss Kathleen Bliss; Relief Registrar, Miss H. M. Sutherland; Convener Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss R. Last; First Vice-President, Miss C. Kier; Second Vice-President, Mrs. W. Metcalfe; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Conveners of Committees: Nursing Education, Mrs. M. Young, Sr. Mary Raphael, Miss E. Jensen; Private Duty, Miss E. Wallace, Miss E. Farquhar, Miss T. Reynolds, Miss J. Casey; Public Health, Registrar, Miss C. Kier; Programme, Miss G. Taylor; Sick Visiting, Miss L. Trench; Social, Miss M. Armstrong; Constitutions and By-laws, Miss E. Lamond; Representative "*The Canadian Nurse*", Miss M. Gall; Press Representative, Mrs. J. Phillips.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital Edmonton

Hon. President, Miss F. Munroe; President, Mrs. Scott Hamilton; First Vice-President, Miss V. Chapman; Second Vice-President, Mrs. C. Chinneck; Recording Secretary, Miss G. Allyn; Corresponding Secretary, Miss A. Oliver, Royal Alexandra Hospital; Treasurer, Miss E. English, Suite 2, 10014 112 Street.

A.A., Holy Cross Hospital, Calgary

President, Mrs. L. de Satge; Vice-President, Miss A. Willison; Recording Secretary, Miss E. Thom; Corresponding Secretary, Miss P. N. Gilbert; Treasurer, Miss S. Craig; Honorary Members, Rev. Soeur St. Jean de l'Eucharistie, Miss M. Brown.

A.A., Lamont Public Hospital

Hon. President, Miss F. E. Welsh; President, Mrs. B. I. Love; Vice-President, Miss O. Scheie; Secretary-Treasurer, Mrs. C. Craig, Namao; Corresponding Secretary, Miss F. E. Reid, 1009 20th Avenue, W., Calgary; Convenor, Social Committee: Mrs. R. Shears.

BRITISH COLUMBIA

A.A. St. Paul's Hospital, Vancouver

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Therese Amable; President, Miss B. Geddes; Vice-President, Miss R. McKernan; Secretary, Miss F. Treavor, Assistant Secretary, Miss V. Dyer; Treasurer, Miss B. Muir; Executive, Misses M. McDonald, E. Berry, I. Clark, V. Pearse, S. Christie, R. McGillivary, K. McDonald.

A.A., Vancouver General Hospital

Hon. President, Miss G. Fairley; President, Miss Mary McPhee; First Vice-President, Miss Lunan; Second Vice-President, Miss Erskine; Corresponding Secretary, Miss Melnecsuk; Recording Secretary, Miss Collier; Treasurer, Miss Geary, 3176 West 2nd Ave.; Committee Conveners: Programme, Mrs. Gillies; Sewing, Mrs. Gordon; Sick Visiting, Miss Shaw; Membership, Miss H. Campbell; Mutual Benefit, Miss Maitland; Refreshments, Mrs. Blankenbach; Representatives: Local Press, Miss Cotsworth; V.G.N.A., Mrs. Wilson.

A.A., Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss Jean Moore; First Vice-President, Mrs. Yorke; Second Vice-President, Miss J. Grant: Secretary, Mrs. A. Dowell, 30 Howe St.; Assistant Secretary, Miss J. Stewart; Treasurer, Miss C. Todd; Entertainment Committee, Miss I. Goward; Sick Nurse, Miss E. Newman.

MANITOBA

A.A., Children's Hospital, Winnipeg

Hon. President, Miss M. B. Allan; President, Miss Catherine Day; First Vice-President, Miss Edith Jarrett; Secretary, Miss Elsie Fraser, Children's Hospital, Winnipeg; Treasurer, Miss M. Hughes, 15 Mount Royal Apts., Winnipeg; Sick Visiting Committee, Miss M. Atkinson; Entertainment Committee, Mrs. Geo. Wilson.

A. A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Nurses Home; President, Miss Clara Miller, 825 Broadway, Wpg.; First Vice-President, Miss H. Stephen, 15 Ruth Apts., Maryland St., Wpg.; Second Vice-President, Miss M. Madill, F. Ashford Blk., Wpg.; Secretary, Miss Jeannie Archiblad, Shriners Hospital, Wpg.; Treasurer, Miss Etta Shirley, 14 King George Ct., Wpg.; Social Convener, Miss K. McCallum, 181 Enfield Cr., Norwood; Sick Visiting Convener, Miss B. Greville, 211 Hill St., Norwood; Rep. to Local Council of Women, Miss M. Rutley, 12 Eugenie Apts., Norwood; Representative to Press, Mrs. S. G. Kerr, 753 Wolseley Ave., Wpg.

A.A., Winnipeg General Hospital

Hon. President, Mrs. A. W. Moody, 97 Ash St.; President, Miss E. Parker, Ste. 25 Carlyle Apts., 580 Broadway; First Vice-President, Mrs. C. V. Combes, 530 Dominion St.; Second Vice-President, Miss J. McDonald, Deer Lodge Hospital; Third Vice-President, Miss E. Yussack, 867 Magnus Ave.; Recording Secretary, Miss J. Landy, Winnipeg General Hospital; Corresponding Secretary, Miss M. Graham, Winnipeg General Hospital; Treasurer, Miss M. C. McDonald, Central Tuberculosis Clinic; *Membership:* Miss I. Ramsay, Central Tuberculosis Clinic; *Sick Visiting*, Miss J. Morgan, 102 Rose St.; *Entertainment*, Mrs. C. McMillan, Hertford Blvd., Tuxedo; Editor of Journal, Miss R. Monk, 134 Westgate; Business Manager, Miss E. Timlick, Winnipeg General Hospital; *Special Committee*, Miss P. Brownell, 215 Chestnut St.

ONTARIO

BELLEVILLE

A.A., Belleville General Hospital

Hon. President, Miss Florence McIndoo; President, Miss M. A. Fitzgerald; Vice-President, Miss H. Molyneaux; Secretary, Miss W. Almey; Treasurer, Miss B. Allen; Flower Committee, Miss H. Fitzgerald; Social Committee, Miss E. Wright; Representative to "The Canadian Nurse", Miss V. Humphries.

BRANTFORD

A.A., Brantford General Hospital

Hon. President, Miss E. Muriel McKee, Superintendent; President, Miss K. Charnley; Vice-President, Miss G. Turnbull; Secretary, Miss H. D. Muir, Brantford General Hospital; Assistant Secretary, Miss V. Buckwell; Treasurer, Miss L. Gillespie, Gen'l Hospital, Brantford; Social Convener, Mrs. D. A. Morrison; Flower Committee, Mrs. E. Claridge, Miss F. Stewart; Gift Committee, Mrs. G. Andrews, Miss W. Laird; "The Canadian Nurse" and Press Representative, Miss D. Arnold; Chairman Private Duty Council, Miss E. M. Jones; Representative to Local Council of Women, Mrs. Reg. Hamilton.

BROCKVILLE

A. A., Brockville General Hospital

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to "The Canadian Nurse", Miss V. Kendrick.

CHATHAM

A. A., Public General Hospital

Hon. President, Miss P. Campbell; President, Miss D. Thomas; First Vice-President, Miss B. Pardo; Second Vice-President, Miss H. Simpson; Recording Secretary, Miss K. Crackel, 12 Duluth St., Chatham; Corresponding Secretary, Miss R. Willmore; Treasurer, Miss E. Mummery, 35 Emma St., Chatham; Representative "The Canadian Nurse," Miss M. McDougall.

A. A., St. Joseph's Hospital

Hon. President, Mother Mary; Hon. Vice-President, Sister M. Consolata; President, Miss Mary Doyle, Vice-President, Miss Marian Kearns; Secretary-Treasurer, Miss Letty Pettypiece; Executives, Misses Hazel Gray, Jessie Ross, Lena Chauvin, I. Salmon, Representative "The Canadian Nurse", Miss Ruth Winter; Representative District No. 1, R.N.A.O. Miss Jean Lundy.

CORNWALL

A.A., Cornwall General Hospital

Hon. President, Mrs. J. Boldick; President, Miss Mary Fleming; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Bernice McKillop; Secretary-Treasurer, Miss C. Droppo, Cornwall General Hospital; Representative "The Canadian Nurse", Miss H. C. Wilson, Cornwall General Hospital.

GALT

A.A., Galt Hospital

Hon. President, Miss A. Cleaver; President, Miss S. Mitchell; Secretary, Miss L. MacNair, 91 Victoria Ave.; Assistant Secretary, Miss T. Rainey; Treasurer, Miss A. MacDonald; Flower Convener, Miss Rutherford; Representative to *"The Canadian Nurse"* and Press Representative, Miss M. Vandyke.

GUELPH

A.A., Guelph General Hospital

Hon. President, Miss S. A. Campbell, Supt. Guelph General Hospital; President, Miss C. S. Zeigler; First Vice-President, Miss D. Lambert; Second Vice-President, Miss M. Darby; Secretary, Miss N. Kenney; Treasurer, Miss J. Watson; Committees: Flower, Miss R. Speers, Miss I. Wilson; Social, Mrs. M. Cockwell (Convener); Programme, Miss E. M. Eby (Convener); Representative "The Canadian Nurse", Miss Marion Wood.

HAMILTON

A.A., Hamilton General Hospital

Hon. President, Miss E. C. Rayside, Hamilton General Hospital; President, Miss Helen Aitken, Vice-President, Mrs. Hess, 139 Wellington St.; Recording Secretary, Miss D. McRobbie, 9 Ontario Ave.; Corresponding Secretary, Miss E. Gayfer; Treasurer, Miss Helen Buhler, 549 Main St.; Secretary-Treasurer Mutual Benefit Association, Miss D. Watson, 145 Emerald St. S.; Legal Adviser, Mr. F. F. Treleaven; Executive Committee, Miss M. Buchanan (Convener), Mrs. M. Barlow, Misses J. Souter, Hannah, Livingstone, Helin; Programme Committee, Miss Dixon (Convener), Misses Murray, MacIntosh, Galloway, Bennett, Pegg; Flower and Visiting Committee, Miss M. Sturrock (Convener), Misses Squires and Burnett; Representatives to Local Council of Women, Miss Burnett (Convener), Mrs. Hess, Miss E. Buckbee, Miss C. Harley; Representative to R.N.A.O., Miss G. Hall, Representatives to Registry Committee, Misses A. Nugent (Convener), Burnett, I. MacIntosh, Florence Leadley, E. Davidson, Margaret Clark, I. Buscombe, H. Aitken, Binkley, Pegg; Representative to Women's Auxiliary, Mrs. Stephen; Representatives to "The Canadian Nurse", Misses Scheifle, E. Bell, R. Burnett.

A.A., St. Joseph's Hospital, Hamilton

Hon. President, Mother Martina; President, Miss Eva Moran; Vice-President, Miss F. Nicholson, Secretary, Miss Mabel MacIntosh, 48 Locomotive Street; Treasurer, Miss M. Kelly, 43 Gladstone Avenue; Representative "The Canadian Nurse", Miss B. Cronin, 103 Augusta Street; Representative R.N.A.O., Miss J. Morin.

KINGSTON

A.A., Hotel Dieu, Kingston

Hon. President, Rev. Sister Donovan; President, Mrs. W. G. Elder; Vice-President, Mrs. A. Hearn; Secretary, Miss Olive McDermott; Treasurer, Miss Genevieve Pelow; Executive, Mrs. L. Cochrane, Misses K. McGarry, M. Cadden, J. O'Keefe; Visiting Committee, Misses N. Speagle, L. Sullivan, L. La Roeque; Entertainment Committee, Mrs. R. W. Clarke, Misses N. Hickey, B. Watson.

A.A., Kingston General Hospital

Hon. President, Miss Louise D. Acton; President, Miss Ann Baillie; First Vice-President, Miss Carrie Milton; Second Vice-President, Miss Olivia M. Wilson, Third Vice-President, Miss A. Walsh; Secretary, Miss Anna Davis, 464 Frontenac St.; Treasurer, Mrs. C. W. Mallory, 203 Albert St.; Convener Flower Committee, Mrs. Sidney Smith, 151 Alfred St.; Press Representative, Miss Mary Wheeler, Kingston General Hospital; Private Duty Section, Miss Constance Sandwith, 235 Alfred Street.

KITCHENER

A.A., Kitchener and Waterloo General Hospital

Hon. President, Miss K. W. Scott; President, Mrs. Wm. Noll; First Vice-President, Mrs. W. Ziegler; Second Vice-President, Miss Elsie Trouse; Secretary, Miss Winnifred Nelson, Apt. D. 58 Albert St. N.; Assistant-Secretary, Miss Jean Sinclair; Treasurer, Miss M. Orr.

LINDSAY

A.A., Ross Memorial Hospital

Hon. President, Miss E. S. Reid; President, Miss O. Williamson; First Vice-President, Miss L. Harding; Second Vice-President, Miss D. Schofield; Treasurer, Mrs. V. Cresswell; Corresponding Secretary, Miss B. Robertson, 14 Russell St., W.; Flower Convener, Miss K. Mortimore; Social Convener, Mrs. G. Allen.

LONDON

A.A., St. Joseph's Hospital

Hon. President, Mother M. Pascal; Hon. Vice-President, Sister St. Elizabeth; President, Miss Florence Connolly; First Vice-President, Miss Olive O'Neil; Second Vice-President, Miss Gertrude Dietrick; Recording Secretary, Miss Gladys Martin; Corresponding Secretary, Miss Irene Griffen; Treasurer, Miss Orpha Miller; Press Representative, Miss Madalene Baker; Representatives to Registry Board: Misses R. Rouatt, E. Armishaw, F. Connolly.

A.A., Victoria Hospital

Hon. President, Miss Hilda Stuart; Hon. Vice-President, Mrs. A. E. Silverwood; President, Miss M. M. Jones, 257 Ridout St., S., London; First Vice-President, Miss C. Gillies; Second Vice-President, Miss M. McLaughlin; Treasurer, Miss M. Thomas, 490 Piccadilly St., London; Secretary, Miss V. Ardiel; Corresponding Secretary, Miss G. Hardy, 645 Queen's Ave., London; Board of Directors, Misses Mortimer, Walker, Yu'e, Malloch, McGugan, Mrs. H. Smith.

NIAGARA FALLS

A.A., Niagara Falls General Hospital

Hon. President, Miss M. S. Park; President, Miss G. Thorpe; First Vice-President, Miss H. Schofield; Second Vice-President, Miss K. Prest; Secretary-Treasurer, Miss I. Hammond, 634 Ryerson Crescent, Niagara Falls; Corresponding Secretary, Miss F. Loftus; Auditors, Mrs. M. Sharpe, Miss F. Loftus; Sick Committee, Miss V. Coutts, Miss A. Pirie and Mrs. J. Teal.

ORANGEVILLE

A.A., Lord Dufferin Hospital

Hon. President, Mrs. O. Fleming; President, Miss I. M. Sproule; First Vice-President, Miss V. Lee; Second Vice-President, Miss I. Allen; Corresponding Secretary, Miss M. Bridgeman; Recording Secretary, Miss E. M Hayward; Treasurer, Miss A. Burke.

ORILLIA

A.A., Orillia Soldiers' Memorial Hospital

Hon. President, Miss E. Johnston; President, Miss G. M. Went; First Vice-President, Miss L. Whitton; Second Vice-President, Miss M. Harvie; Secretary-Treasurer, Miss Alice M. Smith, 112 Peter St. N. Regular Meeting—First Thursday of each month.

OSHAWA

A.A., Oshawa General Hospital

Hon. President, Miss E. MacWilliams; President, Miss Jessie McIntosh, 39 Simcoe St. N.; Vice-President, Miss Jean Thompson; Secretary, Miss Jessie McKinnon, 134 Alice St.; Asst-Secretary, Miss Irene Goodman, 512 Simcoe St. N.; Corr-Secretary, Miss Jean Stewart, 134 Alice St.; Treasurer, Mrs. W. Luke, Madison Apts., Simcoe St. S.

OTTAWA

A.A. Lady Stanley Institute (Incorporated 1918)

Hon. President, Miss M. A. Catton, Carleton Place; President, Miss J. Blyth, Civic Hospital; Vice-President Miss M. McNiece, Perley Home; Secretary, Mrs. R. L. Morton, 29 Clegg St.; Treasurer, Miss M. C. Slinn, 204 Stanley Ave.; Board of Directors, Miss E. McColl, Miss S. McQuade, Miss L. Bedford, Mrs. E. C. Elmitt; Representative "The Canadian Nurse", Miss A. Ebbs, 80 Hamilton Ave.; Representative to Central Registry, Miss R. Pridmore, 90 Third Ave.; Press Representative, Miss E. Allen.

A.A., Ottawa Civic Hospital

Hon.-President, Miss Gertrude Bennett; President, Miss Edna Osborne; 1st Vice-President, Miss Dorothy Moxley; 2nd Vice-President, Miss Lera Barry; Recording Secretary, Miss Martha McIntosh; Corresponding Secretary, Miss M. Downey; Treasurer, Miss Winifred Gemmell; Councillors, Miss K. Clarke, Miss Webb, Miss G. Froats, Miss B. Eddy, Miss E. Lyons; Representatives to Central Registry, Miss Inda Kemp Miss K. Clarke, Press-Correspondent, Miss Evelyn Pepper; Convener Flower Committee, Miss M. MacCallum.

A.A. Ottawa General Hospital

Hon. President, Rev. Sr. Flavie Domitille; President, Miss K. Bayley; First Vice-President, Miss G. Clark; Second Vice-President, Miss M. Munroe; Secretary-Treasurer, Miss D. Knox; Membership Secretary, Miss M. Daley; Representatives to Local Council of Women, Mrs. J. A. Latimer, Mrs. E. Viau, Mrs. L. Dunne, Miss F. Nevins; Representatives to Central Registry, Miss M. O'Hare, Miss A. Stackpole; Representative o "*The Canadian Nurse*", Miss Kitty Ryan.

A.A., St. Luke's Hospital

Hon. President, Miss Maxwell; President, Miss Doris Thompson; Vice-President, Miss Diana Brown; Secretary, Mrs. J. Pritchard; Treasurer, Miss May Hewitt; Nominating Committee, Misses Sadie Clark, Mina MacLaren, Hazel Lyttle.

OWEN SOUND

A.A. Owen Sound General and Marine Hospital

Hon. President, Miss B. Hall; President, Miss Cora Thompson; First Vice-President, Miss F. Rae; Second Vice-President, Miss C. Maxwell; Sec.-Treasurer, Miss Mary Paton; Asst.-Secretary-Treasurer, Miss J. Agnew; Flower Committee, Miss Alma Weedon, Miss Marjorie Ellis and Mrs. J. Burns; Programme Committee, Miss M. Cruikshanks, Miss Cora Stewart; Press Representative, Miss M. Story; Lunch Committee, Miss Leone McDonald, Miss R. Duncan, Mrs. L. Burns; Auditor, Miss M. Simpson.

PETERBORO

A.A., Nicholls Hospital

Hon. President, Mrs. E. M. Leeson; President, Miss H. Anderson, 710 George St.; First Vice-President, Miss L. Simpson; Second Vice-President, Miss M. Watson, Secretary, Miss F. Vickers, 738 George St.; Corresponding Secretary, Miss E. McBrien; Treasurer, Miss L. Ball, 641 Water St.; Convener Social Committee; Mrs. Roy White; Convener of Flower Committee, Mrs. Ray Pogue.

PETROLEA

A.A. Charlotte Eleanor Englehart Hospital

Honorary President: Miss F. C. Ritchie; President: Miss V. Drope; Vice-President: Miss M. McPhedran; Recording Secretary: Miss S. Wilson; Corresponding Secretary: Miss M. Taylor; Treasurer: Mrs. W. Wilson; Committee Conveners: *Social*, Miss V. McRae; *Programme*, Miss O. Mannen; *Sick Visiting:* Miss C Simpson.

SARNIA

A.A., Sarnia General Hospital

Hon. President, Miss M. Lee; President, Miss L. Segrist; Vice-President, Miss A. Cation; Secretary, Miss A. Silverthorn; Treasurer, Miss A. Wilson; The Canadian Nurse, Miss C. Medcroft; Flower Committee (Convener) Miss D. Shaw; Programme and Social Committee, Miss L. Segrist.

STRATFORD

A.A., Stratford General Hospital

Hon. President, Miss A. M. Munn; President, Miss F. Kudoba; Vice-President, Mrs. E. C. Moulton; Secretary-Treasurer, Miss A. Rock, 97 John St., Stratford; Corresponding Secretary, Miss L. McNairn. Social Convener, Miss L. Atwood.

ST. CATHARINES

A.A., Mack Training School

Hon. President, Miss Anne Wright, Superintendent, General Hospital; President, Miss Florence McArter, General Hospital; First Vice-President, Miss Nora Nold, General Hospital; Second Vice-President, Miss Margaret McClunie, 59 Chaplin Ave.; Secretary-Treasurer, Miss Janette Hastie, General Hospital; Press Correspondent, Miss E. Horton, South St.; "The Canadian Nurse" Representative, Miss Gertrude Fetherstone, 17 Hainer St.; Social Committee (Convener), Miss Mildred Strong, General Hospital; Programme Committee (Convener), Miss Helen Brown, General Hospital.

ST. THOMAS

A.A. Memorial Hospital

Hon. President, Miss Lucille Armstrong, Memorial Hospital; Hon. Vice-President, Miss Mary Buchanan, Memorial Hospital; President, Miss Margaret Benjafield, 39 Wellington St.; First Vice-President, Miss Irene Garrow; Second Vice-President, Miss Bella Mitchner; Recording Secretary, Mrs. John Smale, 34 Erie St.; Corresponding Secretary, Miss Florence York, 52 Kains St.; Treasurer, Miss Irene Blewett, 88 Kains St.; "The Canadian Nurse" Miss Irene Garrow, 23 Myrtle St.; Executive, Misses Hazel Hastings, Lissa Crane, Mary Oke, Mrs. Allen Burrell Mrs. Elvin Wisson.

TORONTO

A.A., Grace Hospital

Hon. President, Mrs. C. J. Currie; President, Mrs. W. J. Cryderman; Recording Secretary, Miss I. Gilbert; Corresponding Secretary, Miss Lillian E. Wood, 20 Mason Blvd., Toronto 12; Treasurer, Miss V. M. Elliott, 194 Cottingham St.

A.A., The Grant MacDonald Training School for Nurses

Hon. President, Miss Esther M. Cook, 130 Dunn Avenue; President, Miss Ida Weekes, 130 Dunn Avenue; Vice-President, Mrs. Marion Smith; Recording Secretary, Miss Norma McLeod; Corresponding Secretary, Miss Ethel Watson; Treasurer, Miss Phyllis Lawrence; Social Convener, Miss Kathleen Cuffe.

A.A., Hospital for Sick Children

Hon.-President, Mrs. Goodson; Hon. Vice-Presidents, Miss Florence J. Potts, Miss Kathleen Panton; President, Mrs. A. L. Langford; First Vice-President, Miss Florence Booth; Second Vice-President, Mrs. W. F. Raymond; Recording Secretary, Mrs. Clarence Cassan; Corresponding Secretary, Miss L. Loraine Morrison, 54 Sheldrake Blvd.; Treasurer, Miss Marie Grafton, 534 Palmerston Blvd.; Social Convener, Mrs. Cecil Tom; Flower Convener, Miss Alice Boxall; Programme Committee, Miss Jean Masten; Publicity Committee, Miss Margaret Collins; Welfare Committee, Mrs. Dall Smith; Representative to Registry, Miss Florence Currie.

A.A., Riverdale Hospital

President, Miss Alma Armstrong, Riverdale Hospital; First Vice-President, Miss Gertrude Gastrell, Riverdale Hospital; Second Vice-President, Mrs. F. Lane, 221 Riverdale Ave.; Secretary, Miss Lexie Staples, 491 Broadview Ave.; Treasurer, Mrs. H. Dunbar; Board of Directors, Miss K. Mathieson, Riverdale Hospital, Miss S. Stretton, 7 Edgewood Ave., Miss E. Baxter, Riverdale Hospital, Mrs. E. Quirk, Riverdale Hospital, Miss L. Wilson, 11 Sherwood Ave.; Press and Publications, Miss Laurel Wilson, 11 Sherwood Ave., Toronto.

A.A., St. John's Hospital

Hon. President, Sister Beatrice, St. John's Convent; President, Miss Susan Morgan, 322 St. George St.; First Vice-President, Miss Nan Hetherington, Nurses' Residence, Toronto General Hospital; Second Vice-President, Miss Kathleen Burtchall, 28 Major Street; Rec. Secretary, Miss Helen Frost, 450 Maybank Ave.; Cor. Secretary, Miss Margaret Creighton, 152 Boon Ave.; Treasurer, Miss Winnifred Webb, 77 Summerhill Ave.; Conveners, Entertainment Committee, Miss Nettie Davis, 32 Albany Avenue; Sick and Visiting Committee, Miss Gladys Batten, 32 Albany Avenue; Press Representative, Miss Grace Doherty, 26 Norwood Road.

A.A., St. Joseph's Hospital

Hon. President, Rev. Sister Mary Margaret; President, Miss G. Davis; First Vice-President, Miss E. Morrison; Second Vice-President, Miss A. Tobin; Recording Secretary, Miss M. O'Malley; Corresponding Secretary, Miss I. Gallagher; Treasurer, Miss A. Harrigan; Councillors, Mrs. G. Beckett, Misses M. Conway, R. Jean-Marie and L. Boyle.

A.A., St. Michael's Hospital

Hon. President, Rev. Sister Norine; Hon. Vice-President, Rev. Sister Jean; President, Miss Ethel Crocker; First Vice-President, Mrs. Aitkin; Second Vice-President, Miss Mary Edwards; Third Vice-President, Miss Helen Dunnigan; Corresponding Secretary, Miss M. Doherty; Recording Secretary, Miss Marie Melody; Treasurer, Miss G. Coulter, 42 Isabella St., Apt. 204, Toronto; Press Representative, Miss May Greene; Councillors Misses J. O'Connor, M. Madden, H. Kerr; Private Duty, Miss A. Gaudet; Public Health, Miss I. McGurk; Representative Central Registry of Nurses, Toronto, Miss M. Melody.

A.A., Toronto General Hospital

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